

10. 300
0. 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21622

FILED JUL 25 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5309 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a.-STATE <u>Illinois</u> b. COUNTY <u>Williams</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural-Boonville Twp</u>		c. CITY OR TOWN <u>Marion</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 hr</u>		e. STREET ADDRESS (If rural, give location) <u>1002 S. Van Buren</u> 81208	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hwy. #40- near #5 West</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>RAYMOND</u>	c. (Last) <u>LEEPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1955</u>
--	---------------------------	-------------------------------	----------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 3, 1926</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
-----------------------	----------------------------------	--	--	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>transportation</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	--

13a. FATHER'S NAME <u>Charles Leeper</u>	13b. MOTHER'S MAIDEN NAME <u>Vernie Holderfield</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs J. R. Leeper</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>325248148</u>	17. INFORMANT'S SIGNATURE OR NAME <u>information from birth certificate</u>	ADDRESS
---	---	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Muscle hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Injury right Carotid & jugular vessels</u> DUE TO (c) <u>struck on neck by mower blade</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8121</u> <u>25</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) <u>45 Hwy 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boonville Twp Cooper Mo</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 22-40 9:45 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>while in shed</u> <u>was struck by angle bar</u> <u>extending from body of tractor</u>
---	---	---

22. I hereby certify that I attended the deceased from no attendance, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Deewegen</u>	(Degree or title)	23b. ADDRESS <u>Coron Boonville Mo</u>	23c. DATE SIGNED <u>7/23/55</u>
---------------------------------------	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>7/23/55</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Marion, Illinois</u>
---	-----------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. <u>7/23/55</u>	REGISTRAR'S SIGNATURE <u>Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Shacker</u>	ADDRESS <u>Boonville Mo</u>
--	--	--	--------------------------------

JUL 29 1955

AUG 3 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed..... *Berry D. Hacker*

Licensed Embalmer No. 39

P. O. Address *Boonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.