

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41340

State File No.

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

FILED DEC 30 1955

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5755 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson Twp.		c. CITY OR TOWN	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) Argyle, Route,	
d. FULL NAME OF HOSPITAL OR INSTITUTION His Home			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Anthony c. (Last) Leuthen			4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1955.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2, 1879	9. AGE (In years last birthday) 76 Months 6 Days 20	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY 499-03-7998	11. BIRTHPLACE (City and State or Foreign Country) Osage County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Paul Leuthen.	13b. MOTHER'S MAIDEN NAME Theresa Brocker	14. NAME OF HUSBAND OR WIFE Mahon Leuthen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Joe Leuthen, Vienna, Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 22 1955, to Dec. 22, 1955, that I last saw the deceased alive on dec 22, 1955, and that death occurred at 10.00A m., from the causes and on the date stated above.

23a. SIGNATURE W.H. Moore, DO. (Degree or title)	23b. ADDRESS Argyle, Mo.	23c. DATE SIGNED 12/23/1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/55	24c. NAME OF CEMETERY OR CREMATORY St. Aloysius	24d. LOCATION (City, town, or county) (State) Argyle, Mo.
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DATE REC'D BY LOCAL REG. 12-29-55	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Moore	ADDRESS Vienna, Mo.
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STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *M. C. Cunningham*
.....

Licensed Embalmer No. 36

P. O. Address *Cum*
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.