

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15372**

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 4

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| 1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>LEEPER</u> | c. LENGTH OF STAY (In this place) <u>LIFE</u> | c. CITY OR TOWN <u>LEEPER</u> | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) <u>1110 c</u> | |

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| 3. NAME OF DECEASED (First) <u>ROBERT</u> | b. (Middle) <u>ERNEST</u> | c. (Last) <u>LEEPER</u> | 4. DATE OF DEATH (Month) <u>ARR.</u> (Day) <u>16</u> (Year) <u>1956</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>MAR. 16, 1885</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>MILL SPRING MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>GEORGE L. LEEPER</u> | 13b. MOTHER'S MAIDEN NAME <u>THEO. SWEAZEA</u> | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>V</u> | 16. SOCIAL SECURITY NO. <u>493-28-2307</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>BERT L. LEEPER</u> ADDRESS <u>3101 N. CLARK CHICAGO ILL.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Alcoholism</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) m. | 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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Norman E. Bowler, Coronar</u> | 23b. ADDRESS <u>Piedmont Mo.</u> | 23c. DATE SIGNED <u>4/16/56</u> |
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|---|------------------------------|---|--|
| 24a. DATE OF CREMATION/REMOVAL <u>APR 18 - 56</u> | 24b. DATE <u>APR 18 - 56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LEEPER CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>LEEPER MO</u> |
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| DATE REC'D BY LOCAL REG. <u>Apr 18, 1956</u> | REGISTRAR'S SIGNATURE <u>Hazel Ward</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Lusk</u> ADDRESS <u>Piedmont Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILE NO.
CENTER

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 me, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Quincy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.