

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28016

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 297

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Francois:</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre, Mo.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Francois</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>		Length of stay in lb		c. CITY OR TOWN <u>Doe Run, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Robert</u>		Middle <u>Owen</u>		Last <u>McLeod</u>		Month <u>Aug.</u> Day <u>19</u> Year <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>April 6 1905</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>51</u>		11. BIRTHPLACE (City and state or country) <u>Lesterville Mo. Reynolds Co. U.S.A.</u>	
13. FATHER'S NAME <u>Henry McLeod</u>				14. MOTHER'S MAIDEN NAME <u>Rebecca Lee</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-1188</u>		17. INFORMANT <u>Mary Lou Skags &amp; Fred Watkins; Doe Run, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hodgkins Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY <u>Hour</u> <u>Month</u> <u>Day</u> <u>Year</u> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug 8, 1956</u> to <u>Aug 19, 1956</u> and last saw her alive on <u>Aug 19, 1956</u> . Death occurred at <u>1:35</u> <u>pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. E. Coyleton M.D.</u>				22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>8-20-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 22, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
24. FUNERAL DIRECTOR <u>Glazean Farmington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 30, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	

(Licensed Embalmer's Statement on Reverse Side).

diseases in Part I. must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,  
Welfare  
Public  
Service

APR 1935

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.....  
*C. H. Cozian*  
Licensed Embalmer No. *146*  
P. O. Address *Farmington*

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.