

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40273**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6085** Registrar's No. **187**

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| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Missouri --- b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Clay Township | | c. LENGTH OF STAY (in this place) 37 years | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles southeast of Slater | | e. CITY OR TOWN Rural-Clay Township | |
| | | f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | g. STREET ADDRESS (If rural, give location) 7 miles southeast of Slater | |

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| 3. NAME OF DECEASED (Type or Print) Hilda Fischer Leimkuehler | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH Dec. 3, 1956 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 19, 1892 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months 9 | IF UNDER 24 HRS. Days 14 | Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME William J. Fischer | 13b. MOTHER'S MAIDEN NAME Hannah Windmeier | 14. NAME OF HUSBAND OR WIFE Adolf H. Leimkuehler |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-40-7042 | 17. INFORMANT'S SIGNATURE OR NAME Adolf H. Leimkuehler | ADDRESS Slater, Mo. R#2 |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemic Carcinoma | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Ovary DUE TO (c) _____ | | |
| 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) (Min.) | 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 Jan, 1956, to Dec 3, 1956, that I last saw the deceased alive on Dec 2, 1956, and that death occurred at 10-55A.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) James C. Reid M.D. | 23b. ADDRESS Marshall Mo. | 23c. DATE SIGNED 12-5-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 6, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Little Rock Cemetery | 24d. LOCATION (City, town, or county) (State) Saline County, Missouri |
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| DATE REC'D BY LOCAL REG. 12-4-56 | REGISTRAR'S SIGNATURE Cecil J. Reed | 25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis | ADDRESS Marshall Mo. |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

529

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.....
James H. Lewis, Jr.

Licensed Embalmer No. *4702*

P. O. Address *Marshall, T.*

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.