

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40389

STATE FILE NUMBER

FILED NOV 27 1956

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Casa</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wash Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Drexel</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp 3</u>			Length of stay in lb <u>2 months 30 days</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Box 113</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NELLIE</u> Middle <u>-</u> Last <u>EDITH LEOPER</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>18</u> Year <u>1956</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 30, 1880</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u> Hours <u>-</u> Min. <u>-</u>		IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTH PLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Milton Warner</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Taylor</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>none</u>		17. INFORMANT <u>Records State Hosp 3 Nevada Mo</u> Address			
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>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>With Psychosis</u> <u>4200B</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c). <u>Blood Syphilis (old) - Decubitus on buttocks</u>							INTERVAL BETWEEN ONSET AND DEATH <u>several years</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>								
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 21/56</u> to <u>Nov 18/56</u> and last saw her alive on <u>Nov 18/56</u> Death occurred at <u>10:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Paul L. Barone MD</u>				22b. ADDRESS <u>State Hospital 3 Nevada Mo</u>		22c. DATE SIGNED <u>Nov 18/56</u>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-18-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas city Missouri</u>		
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u>		ADDRESS <u>1331 Bunchard K.C. Mo.</u>		DATE RECD. BY LOCAL REG. <u>11-23-56</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>		

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 23 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... *Paul B. Williamson*

Licensed Embalmer No. *509*

P. O. Address *Kansas City
Missouri*

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.