

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42402

STATE FILE NUMBER

FILED DEC 18 1956

61973-56 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural (Jefferson Township)</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hosp.</u> Length of stay in lb <u>9 hrs</u>		d. STREET ADDRESS (If possible, give location) <u>Belle Route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>David Wayne Leonard</u>		4. DATE OF DEATH <u>Dec-11-1956</u>	
5. SEX <u>Male</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"/> <u>INFANT</u>	8. DATE OF BIRTH <u>Sept-8-1956</u>
9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR <u>3</u> Months <u>3</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state country) <u>Rolla - Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Frank Leonard</u>	
14. MOTHER'S MAIDEN NAME <u>Ann Jowery</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Frank Leonard - Belle - Mo.</u> Address <u>R.F.D.</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>Brain aneurysm</u> DUE TO (b) <u>otitis media</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>NA</u>		20c. TIME OF INJURY Hour <u>NA</u> Month, Day, Year <u>NA</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>Birth</u> to <u>Dec 11, 1956</u> and last saw <u>him</u> alive on <u>Dec 11, 1956</u> Death occurred at <u>3:20 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Henry H. Butte M.D.</u> (Degree of title)		22b. ADDRESS <u>Rolla, Missouri</u>	
22c. DATE SIGNED <u>12/13/56</u>			
23a. BURNIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-13-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Aggs Chgo. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marion County - Mo.</u>
24. GENERAL DIRECTOR <u>Clinton Sasman</u> ADDRESS <u>Rolla - Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 13, 1956</u>	
26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>			

(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Public Health Officer

Case No. 601

Date Recd. 1951

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 *Chester Sasman*

Licensed Embalmer No. 411

P. O. Address *Bland*

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.