

FILED FEB 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 201 Primary Registration District No. 3048 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>St. Joseph</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>		d. STREET ADDRESS <b>1202 So. 9th Street</b>	
Length of stay in lb <b>1 Day</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Charles Theodore Leupold</b>			4. DATE OF DEATH <b>Jan. 17 1957</b>		
5. SEX <b>male</b>			6. COLOR OR RACE <b>white</b>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>Jan. 19 1903</b>		
9. AGE (In years last birthday) <b>53</b>			10. KIND OF BUSINESS OR INDUSTRY <b>Automobile Dealer</b>		
11. BIRTHPLACE (City and state or country) <b>Frankfort, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>unknown</b>			14. MOTHER'S MAIDEN NAME <b>unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>512-07-8850</b>		
17. INFORMANT <b>Charles Leupold Jr.</b>			Address <b>St. Joseph, Mo. 1202 So. 9th St.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
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)		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>

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 <b>Hour Month, Day, Year</b>					
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 **1-17-57** to **1-17-57** and last saw **him** alive on **1-18-57**  
 Death occurred at **10:45 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H. G. Gerten D.O.** 22b. ADDRESS **Maryville Mo** 22c. DATE SIGNED **1-19-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Jan 18, 1957** 23c. NAME OF CEMETERY OR CREMATORY **Frankfort Cemetery** 23d. LOCATION (City, town, or county) (State) **Frankfort, Kansas Mo.**

24. FUNERAL DIRECTOR **Heston-Bowman** ADDRESS **St. Joseph Mo** 25. DATE RECD. BY LOCAL REG. **1-27-57** 26. REGISTRAR'S SIGNATURE **Bess Bolt**

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms or signs should be recorded unless they are directly related to the death. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

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APR 15 1958

APR 20 1961

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.....  
*Eugene Wood*

Licensed Embalmer No. 380

P. O. Address 314 So 10th St

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.