

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1957

State File No. **16452**
88

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5226		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town/ship) Mt. Pleasant Twp.		c. LENGTH OF STAY (in this place) minutes		c. CITY OR TOWN Hickman Mills		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Richards-Gebaur A. F. B.				STREET ADDRESS (If rural, give location) 11600 Sunnyside Drive			
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD		b. (Middle) KEITH		c. (Last) LEOPOLD, JR.		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept. 15, 1945	
9. AGE (In years last birthday) 11		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and State or Foreign Country) Sioux City, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harold K. Leopold, Sr.		13b. MOTHER'S MAIDEN NAME Dorothy Luban		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. K. Leopold, Sr., Sioux City, Iowa			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) multiple injuries DUE TO (c) Tornado. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH middle	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		9345		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mt Pleasant Twp Cass MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 20 57 7:45 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tornado strike 019			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Beard Jander (coroner)				23b. ADDRESS Pleasant Hill, Mo		23c. DATE SIGNED 5/21/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-22-57		24c. NAME OF CEMETERY OR CREMATORY Sioux City, Cem		24d. LOCATION (City, town, or county) (State) Sioux City, Iowa	
DATE REC'D BY LOCAL REG. May 27, 1957		REGISTRAR'S SIGNATURE Don Barward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, 1800 E Linwood			

R.C. Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

457

JUN 12 1957

AUG 2 1957

RECEIVED
JUN 8 1957
CASS COUNTY
HEALTH DEPARTMENT

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 *Richard E. George*

Licensed Embalmer No. 3958

P. O. Address *Bella, M*

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.