

Health,
& Welfare
Public
Service

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17181
STATE FILE NUMBER
2364

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hickman Mills			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Menorah Hospital			Length of stay in lb 15 mins	d. STREET ADDRESS (If outside, give location) 11600 Sunnyside Dr.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DOROTHY LAVONNE LEOPOLD				4. DATE OF DEATH Month May Day 20 Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Nov. 2, 1925		9. AGE (In years last birthday) 31		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Court Stenographer		10b. KIND OF BUSINESS OR INDUSTRY Air Base Richards Gebaur		11. BIRTHPLACE (City and state or country) Sioux City, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Joseph R. Lubsen			13b. MOTHER'S MAIDEN NAME Dorothy Putensen		14. NAME OF HUSBAND OR WIFE Harold Leopold			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None			16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address James R. Lubsen, Sioux City, Iowa				
18. CAUSE OF DEATH (Enter only one cause for the for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull, fractured Comp and fracture Rt. Humerus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) multiple abrasions DUE TO (c) multiple abrasions						INTERVAL BETWEEN ONSET AND DEATH E 9340		
20a. ACCIDENT <input checked="" 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.) Injured in Tornado					
20c. TIME OF INJURY Hour Month, Day, Year a.m. 5-20-57 p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION Hickman Mills			COUNTY Jackson		STATE MO			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner				22b. ADDRESS 1034 Richards Bldg		22c. DATE SIGNED 5-21-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-21-57	23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town, or county) Sioux City, Iowa		(State)	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home				ADDRESS 1800 E. Linwood, K. C., MO		25. DATE RECD. BY LOCAL REG. 5-22-57	26. REGISTRAR'S SIGNATURE Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

1957 AUG 2



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 E. Hackler*

Licensed Embalmer No. *4543*
P. O. Address *K. P. ...*

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.