

Health,
Welfare
Public
Service

300
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30770
STATE FILE NUMBER

FILED OCT 15 1957

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN Lamar Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home		Length of stay in 1b 1 1/2 years	
3. NAME OF DECEASED (Type or print) LEONARD		4. DATE OF DEATH Month October Day 4 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH aug. 31, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Mattoon, Illinois
13a. FATHER'S NAME Marion Rand		13b. MOTHER'S MAIDEN NAME Sarah Hall	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Clint Rand, Address Jasper, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis and DUE TO (c) Circulatory Collapse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not reported as the terminal disease condition given in PART I (a) Senile Dementia			INTERVAL BETWEEN ONSET AND DEATH Years Years
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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Dec. 55 to Oct. 4, 57 and last saw her ^(him) alive on Oct. 4, 57 Death occurred at 10:25 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Herbert M. Arnold M.D. (Degree or title)		22b. ADDRESS Lamar, Missouri	
		22c. DATE SIGNED 10-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 7-57	
23c. NAME OF CEMETERY OR CREMATORY Waters Cemetery		23d. LOCATION (City, town, or county) (State) Barton County, Missouri	
24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo.		25. DATE RECD. BY LOCAL REG. OCT 7 - 57	
		26. REGISTRAR'S SIGNATURE Marie Konantz	

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

Charles W. Childs

Licensed Embalmer No.

3473

P. O. Address

Jama 710

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.