

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41309

FILED DEC 3-1957

Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gainesville</u>		c. CITY OR TOWN <u>Gainesville</u> 0770	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>Ozark County</u>	
3. NAME OF DECEASED (Type or print) First <u>Leonard</u> Middle <u>A.</u> Last <u>HAMAND</u>		4. DATE OF DEATH Month <u>11</u> - Day <u>28</u> - Year <u>57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-1885</u>
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	
11. BIRTHPLACE (City and state or country) <u>Bloomington Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>S.B. HAMAND</u>		14. MOTHER'S M maiden NAME <u>Myntia Dotson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-42-9391</u>	
17. INFORMANT <u>Leo C. HAMAND, Peru, Iowa</u>		Address	
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>Anuria</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Interstitial Nephritis</u> DUE TO (c) <u>594X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u> <u>2 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ((a)) <u>Valvular Heart Disease</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <u>0</u> Month <u>0</u> Day <u>0</u> Year <u>0</u> a. m. <u>0</u> p. m. <u>0</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.) <u>0</u>	20f. CITY, TOWN, OR LOCATION <u>0</u>	COUNTY <u>0</u> STATE <u>0</u>
21. I attended the deceased from <u>July 1955</u> to <u>Nov 28, 1957</u> and last saw her alive on <u>Nov 27, 1957</u> Death occurred at <u>3 AM, Nov 28, 1957</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. J. Haeremaw</u>		22b. ADDRESS <u>Gainesville, Mo</u>	
22c. DATE SIGNED <u>11/28/57</u>		22d. ADDRESS <u>Peru, Iowa</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-1-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Peru</u>	23d. LOCATION (City, town, or county) (State) <u>Peru, Iowa</u>
24. FUNERAL DIRECTOR <u>Clinkingbeard - Gainesville</u>		25. DATE RECD. BY LOCAL REG. <u>11-30-57</u>	
26. REGISTRAR'S SIGNATURE <u>Thana Mahan</u>			

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

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1-56

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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.....

Licensed Embalmer No. 488

P. O. Address Gainesville

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.