

FILED NOV 22 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12254
State File No. 10632
Registrar's No. 585

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUI				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN ST. LOUIS		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 38 O. A. MISSOURI PACIFIC HOSPITAL				e. STREET ADDRESS (If rural, give location) 2277 159 ST. GEORGE STREET			
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) _____ c. (Last) LEONARD			4. DATE OF DEATH November 7, 1957				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH February 15, 1909	
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 48 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Sam HARVESTICK			13b. MOTHER'S MAIDEN NAME Cyntha BIZANTON			14. NAME OF HUSBAND OR WIFE Elbert LEONARD	
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 Elbert M. Leonard ADDRESS 159 St George St. Louis, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? 2		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from Oct 15, 1957 , to 11/7 , 1957, that I last saw the deceased alive on 11/7 , 1957, and that death occurred at 12:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. L. B. Canessa M.D. (Degree or title)				23b. ADDRESS 2105 S. Broadway St. Louis, Mo		23c. DATE SIGNED 11/7/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/7/57		24c. NAME OF CEMETERY OR CREMATORY Studz Cemetery		24d. LOCATION (City, town, or county) (State) Renault, Illinois	
DATE REC'D BY LOCAL REG. NOV 8 57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Hubert Washburn		ADDRESS Dupo, Illinois	

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

S.P. (Licensed Embalmer's Statement on Reverse Side)

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. 4621

P. O. Address Dupo, Illinois

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.