

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44137
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Grandy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grandy	
b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton
c. FULL NAME OF (If NOT in hospital, give location) 1825 MAIN		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1825 MAIN
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Roy Middle Everett Last Leeper			4. DATE OF DEATH Month Dec Day 11 Year 1957			
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 7 Days	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Grandy Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES Leeper	13b. MOTHER'S MAIDEN NAME CARILLA BOOYAM.	14. NAME OF HUSBAND OR WIFE Zelphia Elvina Leeper
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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 Mrs. Roy Leeper	Address Trenton Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Trenton Mo	COUNTY Grandy	STATE MO
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21. I attended the deceased from Dec 11th 1957 to Dec 11th 1957 and last saw her alive on Dec 11th 1957 Death occurred at 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Oliver F. Dufford	(Degree or title)	22b. ADDRESS Trenton Mo	22c. DATE SIGNED Dec 16th 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/14/57	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Edinburg MO.
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24. FUNERAL DIRECTOR Garland Blackmore	ADDRESS Trenton Mo.	25. DATE RECD. BY LOCAL REG. 12/14/57	26. REGISTRAR'S SIGNATURE Pierre Law
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(Licensed Embalmer's Statement on Reverse Side)

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

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Dr. Dufford?

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 *Claude H. Crandall Jr.*

Licensed Embalmer No. *4986*

P. O. Address *Linnton, Mo.*

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.