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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1958

4233
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY VERNON
b. CITY OR TOWN WASHINGTON — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) STATE HOSP #3 — Length of stay in 1b 2 yr. 5 MONTHS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHRISTIAN
c. CITY OR TOWN OZARK — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ROUTE # 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ARTHUR Middle CLINTON Last LEONARD

4. DATE OF DEATH Month JANUARY Day 18 Year 1958

5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH FEBR. 10. 1873
9. AGE (In years last birthday) 84 YRS — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) CHRISTIAN CO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ABRAHAM B. LEONARD
13b. MOTHER'S MAIDEN NAME ELIZABETH ROSS
14. NAME OF HUSBAND OR WIFE HENRIETTA LEONARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT HOSPITAL RECORDS Address STATE HOSP. NEVADA, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH 6 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — MANY YEARS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT NO ☐ SUICIDE NO ☐ HOMICIDE NO ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 MARCH 1. 1956 to JAN. 18. 1958 and last saw her/him alive on JAN. 18. 1958
Death occurred at 2:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. C. Bradley (Degree or title) M.D.
22b. ADDRESS State Hospital #3 Nevada Mo
22c. DATE SIGNED 1-18-1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-18-1958
23c. NAME OF CEMETERY OR CREMATORY Removed to Ozark
23d. LOCATION (City, town, or county) Ozark (State) Missouri

24. FUNERAL DIRECTOR Hays Funeral Service, Inc. ADDRESS Nevada, Missouri
25. DATE RECD. BY LOCAL REG. 1-25-1958
26. REGISTRAR'S SIGNATURE Orma E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 27 1958

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 Richard L. Griffin, Student Embalmer No. 530 working under my personal supervision.

Student Richard L. Griffin
Signature of Student Embalmer

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.