FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006671
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 5920 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Perry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Union Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Union Twp. Inside Limits Yes ☒ No ☐ 0770
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT [redacted] hospital, give location) Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Frohna Route 1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: William	Middle: Martin	Last: Leible	4. DATE OF DEATH Month Day Year: Feb. 18, 1958	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec. 1, 1878	9. AGE (In years last birthday): 79 — 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): Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Schalls, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: William Leible	13b. MOTHER'S MAIDEN NAME: Katherine Wingerter	14. NAME OF HUSBAND OR WIFE: Emma Sanders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Mrs. Emma Leible Address: Frohna Rt 1, 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 cardiac failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Mitral incompetency

DUE TO (c) Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4210

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 1956 to 2-18-58 and last saw her/him alive on 2-18-58

Death occurred at 2 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C M Weedman Do	22b. ADDRESS: Perryville	22c. DATE SIGNED: 2/19/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Feb. 20, 1958	23c. NAME OF CEMETERY OR CREMATORY: York Chapel Cemetery	23d. LOCATION (City, town, or county) (State): Perry County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Young & Sons Perryville Mo	25. DATE RECD. BY LOCAL REG.: 2-20-58	26. REGISTRAR'S SIGNATURE: Jos J Boellner

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 18 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 2138

P. O. Address Perryville

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.