

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010961

STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 156

300  
1-57  
D

|                                                                                                         |  |                                                                                                                                           |                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>PETTIS</b>                                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b> |                                                                                                                                                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SEDALIA</b>                     |  | Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                        | c. CITY OR TOWN <b>SEDALIA</b><br>Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BOTHWELL HOSPITAL</b> |  | Length of stay in lb                                                                                                                      | d. STREET ADDRESS (If outside, give location)<br><b>1221 S. Ohio</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|                                                                                                 |  |  |                                                                         |  |  |
|-------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>DAVID</b> Middle <b>LEE</b> Last <b>LEONARD</b> |  |  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>13</b> , Year <b>1958</b> |  |  |
|-------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------|--|--|

|                       |                                  |                                                                                                                                                             |                                          |                                             |                                         |
|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 26, 1956</b> | 9. AGE (In years last birthday)<br><b>1</b> | IF UNDER 24 HRS.<br>Hours <b>1</b> Min. |
|-----------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------|

|                                                                                                              |                                                    |                                                                            |                                            |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Infant</b> | 11. BIRTHPLACE (City and state or country)<br><b>Whiteman AFB Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|

|                                            |                                                    |                                            |
|--------------------------------------------|----------------------------------------------------|--------------------------------------------|
| 13a. FATHER'S NAME<br><b>Harry Leonard</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Barbara Decker</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
|--------------------------------------------|----------------------------------------------------|--------------------------------------------|

|                                                                                                                        |                                        |                                                          |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Harry Leonard, Sedalia, Missouri</b> |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|

|                                                                                                                                                                                              |  |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Respiratory Failure, Acute Tracheo-bronchitis, Acute</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>minutes</b><br><b>3 days</b>                            |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Tracheotomy - few above</b>                                                      |  |                                                                                                |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Tracheotomy - few above</b>                          |  | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

|                                                                                                           |                                                                                                             |                                                                                                |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 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.)<br><b>500X</b> | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                                   |                                                                                          |                                                |                           |       |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|-------|
| 20c. TIME OF INJURY<br>Hour <b>10:10</b> Month <b>3</b> Day <b>13</b> Year <b>1958</b><br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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.) | 20f. CITY, TOWN, OR LOCATION<br><b>Sedalia</b> | COUNTY<br><b>Missouri</b> | STATE |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|-------|

|                                                                                                                                                                                                                                            |                                    |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|
| 21. I attended the deceased from <b>6:00 pm 3/13/58</b> to <b>3/13/58</b> and last saw her alive on <b>3/13/58</b><br>Death occurred at <b>10:10 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                    |                                    |
| 22a. SIGNATURE (Degree or title)<br><b>Thomas J. Hopton, M.D.</b>                                                                                                                                                                          | 22b. ADDRESS<br><b>Sedalia, Mo</b> | 22c. DATE SIGNED<br><b>3/14/58</b> |

|                                                            |                                  |                                                                  |                                                                           |
|------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Funial</b> | 23b. DATE<br><b>Mar 15, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Crown Hill Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Sedalia, Missouri</b> |
|------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                            |                                |                                                   |                                                    |
|--------------------------------------------|--------------------------------|---------------------------------------------------|----------------------------------------------------|
| 24. FUNERAL DIRECTOR<br><b>Frank Ewing</b> | ADDRESS<br><b>Sedalia, Mo.</b> | 25. DATE RECD. BY LOCAL, REG.<br><b>3-14-1958</b> | 26. REGISTRAR'S SIGNATURE<br><b>Francis Shelby</b> |
|--------------------------------------------|--------------------------------|---------------------------------------------------|----------------------------------------------------|

(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

MEDICAL CERTIFICATION

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 *R. E. Baker* .....

Licensed Embalmer No. *2419* .....  
P. O. Address *Sedalia* .....

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.