

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021581

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 694

300
-57

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1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield ⁰³⁹⁶	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hospital		d. STREET ADDRESS (If outside, give location) 2121 Boonville	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last AARON LEITWEIN			4. DATE OF DEATH Month Day Year July 6, 1958
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 17 Oct. 1891
9. AGE (In years birth/day)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machine Shop	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Aaron Leitwein	
13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Dathna (Killed same time)	
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. Unknown	
17. INFORMANT Mrs. Albert Groves		Address Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple head injuries			INTERVAL BETWEEN ONSET AND DEATH ?
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Two car accident North of Springfield Missouri on Missouri State Highway 13	
20c. TIME OF INJURY Hour Month, Day, Year 3:20 p.m. July 6, 1958			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo. State Highway # 13	
20f. CITY, TOWN, OR LOCATION Ng Springfield, Greene Missouri		COUNTY STATE 0396 Missouri	
21. I attended the deceased from Death occurred at 3:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated. UNATTENDED BY PHYSICIAN			
21a. SIGNATURE Ralph Thiem		21b. ADDRESS Greene County 3 Springfield, Missouri	
21c. DATE SIGNED 8 July 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-9-58	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or county) Springfield, Missouri	
24. FUNERAL DIRECTOR J.W. KLINGNER & CO. Spgfd. Mo.		25. DATE RECD. BY LOCAL REG. 7-10-58	
26. REGISTRAR'S SIGNATURE Effie S. Meltzer			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Jhc

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 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 *Max Rucker*

Licensed Embalmer No. 4071

P. O. Address *Spring*

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.