

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021583
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 695

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	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		Length of stay in lb	d. STREET ADDRESS 2256 N. Rogers
3. NAME OF DECEASED (Type or print) First DEAN Middle Last LEITWEIN		4. DATE OF DEATH Month July Day 6 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 23 Feb. 1945
9. AGE (In years last birthday) 13	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) Student		10b. KIND OF BUSINESS OR INDUSTRY In School	11. BIRTHPLACE (City and state or country) Springfield, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Harry Leitwein		13b. MOTHER'S MAIDEN NAME Marjorie Dean	14. NAME OF HUSBAND OR WIFE None
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. No	17. INFORMANT Address Mrs. Ralph Dean 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) Severe Head Injury, Probable Concussion			INTERVAL BETWEEN ONSET AND DEATH 1
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 on Missouri Highway No 13		
20c. TIME OF INJURY 3:20 p.m. July 6, 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) N. of Springfield, Missouri		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION N. of Springfield Greene, Missouri	39 COUNTY STATE	
21. I attended the deceased from UNATTENDED BY PHYSICIAN and received the body for burial Death occurred at 3:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Klime		22b. ADDRESS Greenleaf County Coram 3 Springfield Missouri	22c. 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) (State) Springfield, Mo.
24. FUNERAL DIRECTOR J.W. KLINGNER & CO.		ADDRESS Spgrfd. 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 *Glen D. Williams*

Licensed Embalmer No. *4651*

P. O. Address *Springfield*

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.