

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021584
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 692

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"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If outside, give location) 2256 N. Rogers Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HARRY A. LEITWEIN		4. DATE OF DEATH 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 7 March 1913
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	11. BIRTHPLACE (City and state or country) Springfield, Missouri
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	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Aaron Leitwein		13b. MOTHER'S MAIDEN NAME Dathna Rich	14. NAME OF HUSBAND OR WIFE Marjorie Leitwein
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 491-05-0367	
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) Shock			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Cerebral Concussion			4 hrs
DUE TO (c) Multiple Fractures - Pelvis - Femurs - Ribs			4 hrs
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"/> 2
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.) 2 Car Headon collision	
20c. TIME OF INJURY 3:20 Hour XX Month, Day, Year 7-6-58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6 Miles North of Springfield, Missouri	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 039 COUNTY Greene STATE Missouri	
21. I attended the deceased from 7-6-58 to 7-6-58 and last saw him alive on 7-6-58		Death occurred at 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Michael J. Delaney		22b. ADDRESS M.D. Springfield, Missouri	22c. DATE SIGNED 7-7-58
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		(State)	
24. FUNERAL DIRECTOR J.W. KLINGNER & CO. Spgfd. Mo.		25. DATE RECD. BY LOCAL REG. 7-10-58	26. REGISTRAR'S SIGNATURE Effie T. Moller

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

jhc

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 1959

JUL 16 1958

SEP 26 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 Funder*

Licensed Embalmer No. 407

R. D. 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.