

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031591
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Kirkville Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkville 0013 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp. Length of stay in lb 2 wks.		d. STREET ADDRESS (If outside, give location) 607 S. Elson Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Dicy Middle Melvina Last Leavitt			4. DATE OF DEATH Month 9 Day 20 Year 58		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1864	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY domestic	11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John David Holloway			14. MOTHER'S MAIDEN NAME Charlotte H. Hunsaker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. C. V. Heaberlin, Kirkville		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 9-7-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive cardio vascular disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years
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 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.) 443X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE

21. I attended the deceased from **9-7-58** to **9-20-58** and last saw her alive on **9-20-58**
Death occurred at **11:50 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. D. McClure, D.O.²	22b. ADDRESS Beneville, Mo	22c. DATE SIGNED 9/22/58
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23a. BURIAL, CREMATION, REINTERMENT Burial	23b. DATE 9/22/58	23c. NAME OF CEMETERY OR CREMATORY Cater Cemetery	23d. LOCATION (City, town, or county) (State) Kirkville, Mo.
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24. FUNERAL DIRECTOR ADDRESS Davis & Davis-Kirkville	25. DATE RECD. BY LOCAL REG. 9-27-58	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Health Service
S. 300 1-56
All symptoms will be listed. All diseases in Part I must be causally related. Carcancer cannot certify to a death due to natural causes.
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 *Donald W. Stutz*

Licensed Embalmer No. *40*

P. O. Address *Harlem*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.