

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033509

STATE FILE NUMBER

FILED OCT 9 1958

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 3719

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Wisconsin</u> b. COUNTY <u>          </u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Wisconsin Rapids</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital D O A</u>		Length of stay in lb. <u>          </u>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>NORMAN</u> Middle <u>FREMAN</u> Last <u>LEISER</u>			4. DATE OF DEATH Month <u>October</u> Day <u>2</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>February 22, 1897</u>		9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Company</u>	11. BIRTHPLACE (City and state or country) <u>Merrimac, Pittsfield Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Russell Clement Leiser</u> <del>Amelia Russell Leiser</del>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>393-01-6032</u>		17. INFORMANT <u>William Leiser, Wisconsin Rapids Wisconsin</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>          </u> DUE TO (c) <u>          </u>					<u>4501</u>
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 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.) <u>ITEM 11, 14 CORRECTED</u>		
20c. TIME OF INJURY Hour <u>          </u> Month <u>          </u> Day <u>          </u> Year <u>          </u> a.m. <u>          </u> p.m. <u>          </u>			BY AFFIDAVIT OF <u>Funeral Director</u> <u>2-11-59 DES</u>		
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 COUNTY STATE	
21. I attended the deceased from <u>          </u> to <u>          </u> and last saw her/him alive on <u>          </u> Death occurred at <u>3:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Henry J. Smith J. M. D. Coroner</u>			22b. ADDRESS <u>Hannibal Mo</u>		22c. DATE SIGNED <u>10/2/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/7/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fort Edwards, Wisconsin.</u>
24. FUNERAL DIRECTOR ADDRESS <u>W. Crawford Smith Hannibal Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>10-2-1958</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucki, L. C. Fisher</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare S. Public th Service

S. 300 1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED OCT 7 1958  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 7 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 John S. Ward

Licensed Embalmer No. 4540  
P. O. Address Hannibal Missouri

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.