Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033583
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 231 Primary Registration District No. 5809 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Danville — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Montgomery
c. CITY OR TOWN: 070 — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 6 Miles S of Mineola — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Roy — Middle: Stanley — Last: Leebrick

4. DATE OF DEATH: Month: 9 — Day: 17 — Year: 1958

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: July-18-1927

9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months: 1 — Days: 29 — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Harlowton, Mont

12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Roy S Leebrick

13b. MOTHER'S MAIDEN NAME: Mary J Norris

14. NAME OF HUSBAND OR WIFE: Clara Mae Leebrick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Jan-46 To Feb-47

16. SOCIAL SECURITY NO.: 499-24-7804

17. INFORMANT: Clara Mae Leebrick — Address: Bluffton, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shot Gun Wound in Right arm + Chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Was Taking Gun out of Jeep + Caught
DUE TO (c) Hammer on Coat + Discharged one Barrel.
INTERVAL BETWEEN ONSET AND DEATH:
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 ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour 5:00 a.m. p.m. — Month, Day, Year: 9-17-58

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 070

20f. CITY, TOWN, OR LOCATION: Montgomery — **COUNTY**: Mo — **STATE**:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. J. Ball — (Degree or title): Coroner 3

22b. ADDRESS: Jonesburg Mo

22c. DATE SIGNED: 9-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-19-1958

23c. NAME OF CEMETERY OR CREMATORY: Centralia Cemetery

23d. LOCATION (City, town, or county) (State): Centralia Mo

24. FUNERAL DIRECTOR — ADDRESS: Baker Funeral Home Americus, Mo

25. DATE RECD. BY LOCAL REG.: 9-19-1958

26. REGISTRAR'S SIGNATURE: Laura B Calloway

(Licensed Embalmer's Statement on Reverse Side)

1958

FEB 5 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 D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

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.