

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040468

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 160 Primary Registration District No. 2049 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <b>CRYSTAL CITY</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>CRYSTAL CITY, MO.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>204 BROADWAY</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>RUTH</b> Last <b>LEONARD</b>			4. DATE OF DEATH <b>DEC. 5, 1958</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 27, 1894</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>WAYNE COUNTY, ILL'</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>ALBERT E. WOOD</b>			14. MOTHER'S MAIDEN NAME <b>MARGARET GARRISON</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>497-03-1534</b>	17. INFORMANT <b>JACOB LEONARD</b> Address <b>CRYSTAL CITY, MO.</b>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Widely disseminated carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b> <b>5 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of colon</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"/> <b>2</b>

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.) <b>1538</b>	
20c. TIME OF INJURY Hour a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <b>9-28-57</b> to <b>12-5-58</b> and last saw <sup>her</sup> alive on <b>11-29-58</b> Death occurred at <b>3:15 A:</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>F. L. Koyal, M.D.</b> (Degree or title)	22b. ADDRESS <b>Crystal City, Mo.</b>	22c. DATE SIGNED <b>12-5-58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	23b. DATE <b>12-7-58</b>	23c. NAME OF CEMETERY OR CREMATORY. <b>SANDY BAPTIST</b>	23d. LOCATION (City, town, or county) <b>SANDY,</b> (State) <b>Missouri</b>
24. FUNERAL DIRECTOR <b>James R. Cady - Crystal City, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-6-58</b>	26. REGISTRAR'S SIGNATURE <b>Theresa A. Righon</b>	

(Licensed Embalmer's Statement on Reverse Side)

- USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE -  
Cofounder cannot certify to a death due to natural causes.

Health, Welfare, Public Service  
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DEC 15 1950

DATE RECEIVED  
1950  
NOV 18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James Richard Cady*  
Licensed Embalmer No. *43*  
P. O. Address *CRYSTAL*

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.