Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002116
STATE FILE NUMBER

FILED FEB 4 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering — Length of stay in 1b: 10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Shelby
c. CITY OR TOWN: Hunnewell — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Town Limits — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Cora Middle: Irene Last: Leonard

4. DATE OF DEATH Month: 1 Day: 21 Year: 1959

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 12 / 15 / 1889

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months: 1 Days: 8 — IF UNDER 24 HRS.: 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: ------,

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: James Davis

13b. MOTHER'S MAIDEN NAME: Linda Webb

14. NAME OF HUSBAND OR WIFE: Albert R. Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-24-1780

17. INFORMANT: Albert R.Leonard Address: Hunnewell,Mo.

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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): 4261

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-9-59 to 1-21-59 and last saw her alive on 1-21-59
Death occurred at 1230 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.D.

22b. ADDRESS: 100 N. Sixth, Hannibal, Mo.

22c. DATE SIGNED: 1-24-59

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

23b. DATE: 1/24/1959

23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

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

24. FUNERAL DIRECTOR: Harold V.Garner. ADDRESS: Monroe CityMo.

25. DATE RECD. BY LOCAL REG.: 1-26-59

26. REGISTRAR'S SIGNATURE: Dr. E.M. Lucke, By W.C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED FEB 3 1959
MARION CO. HEALTH DEPT.
DATE FILED FEB 3 1959

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 [signature]

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.