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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008639
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 106

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bloomfield 1030 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) ---- — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First NORMA Middle LEO Last LEIRER

4. DATE OF DEATH Month Mar. Day 16, Year 1959

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Jan. 9-1943
9. AGE (In years last birthday) 16 — IF UNDER 1 YEAR Months 2 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) in School
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (City and state or country) Genoa, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clifton S. Leirer
13b. MOTHER'S MAIDEN NAME Lydia Lois Crank
14. NAME OF HUSBAND OR WIFE ---

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. None
17. INFORMANT Clifton Leirer, Address Genoa, Arkansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Circulatory Collapse	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Intra Uterine Hemorrhage	3 hr
DUE TO (c)	Retained Placenta	9 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6716

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Nov. 8, 1958, to Mar. 16, 1959 and last saw her/him alive on Mar. 16, 1959
Death occurred at 5:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Fletcherson DO. 2
22b. ADDRESS 19 N. Walnut; Dexter, Mo.
22c. DATE SIGNED 3/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 17-59
23c. NAME OF CEMETERY OR CREMATORY Walker cemetery
23d. LOCATION (City, town, or county) (State) Stoddard co. Missouri

24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.
25. DATE RECD. BY LOCAL REG. 3-26-'59
26. REGISTRAR'S SIGNATURE Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, ~~&~~ by Lulu Cooper # 3499, ~~Student Embalmer No.~~ ~~working under my personal supervision~~

Student .....
Signature of Student Embalmer

Signed Lulu C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.