

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010248
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 237 Primary Registration District No. 4353 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sibleon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Sibleon</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>None</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Clyde Dewey Leadford</i>			4. DATE OF DEATH Month Day Year <i>3 - 3 - 59</i>			
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-5-1894</i>		9. AGE (In years last birthday) <i>64</i>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Common Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Wickliff, Ky.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
--	--	--	---

3a. FATHER'S NAME <i>William Joseph Leadford</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Josephine Leadford</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Gene M. Ruthcutt 915 Benton St. Louis</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>apoplexia</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arterio-sclerosis</i>		
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"/> <i>2</i>

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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <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 *Mar 1/59* to *Mar 3/59* and last saw her alive on *Mar 2/59*
Death occurred at _____ m on the date stated above and to the best of my knowledge, from the cause stated.

22a. SIGNATURE <i>B. G. Steinhilber</i> (Degree or title)	22b. ADDRESS <i>Sibleon</i>	22c. DATE SIGNED <i>Mar 2/59</i>
--	--------------------------------	-------------------------------------

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <i>Buried</i>	23b. DATE <i>3-6-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Clarkston, Mo.</i>
---	------------------------------	---	--

24. FUNERAL DIRECTOR <i>Lloyd Russell Liggott</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <i>3-12-59</i>	26. REGISTRAR'S SIGNATURE <i>Mr. F. H. Hopkins</i>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS MAR 23 1977

6.
D. J. S.

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 *Lloyd Russell*
Licensed Embalmer No. *509-9*
P. O. Address *Diggott, 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.