

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1959 *201*

59-028591

Registration District No. *201* Primary Registration District No. *5401* Registrar's No. *45*

STATE FILE NUMBER

DED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Douglas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ava</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Texas</u> b. COUNTY _____ c. CITY OR TOWN <u>Longview,</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Wilma Leach</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>August 6, 1959</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>10-5-15</u>	<b>9. AGE (last birthday)</b> <u>43</u>	<b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 24 HR</b> Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Bookkeeper-Longview Newspaper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Jenny Lind, Ark.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>Bert Harbison</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Babe Ramsey</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joe Leach</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>457 09 8645</u>		<b>17. INFORMANT</b> Address <u>Joe Leach, Long View, Texas</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MASSIVE CRUSHING INJURY TO CHEST</u> DUE TO (b) <u>Car wreck</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. Month, Day, Year <u>5:00 P.M. 8-6-59</u>							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 5-8 mi. N. of Ava</u>		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE <u>Ava, Douglas Mo.</u>			
<b>21. I attended the deceased from _____, to _____ and last saw her/him alive on _____</b> Death occurred at <u>5 P.M. ±</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>M.C. GENTRY M.D.</u>			<b>22b. ADDRESS</b> <u>Ava Mo.</u>		<b>22c. DATE SIGNED</b> <u>8-7-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>23b. DATE</b> <u>8-7-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Killgore, Texas</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kilgore, Texas</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>Aug 10-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Wesley Bushman</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 8 1959

SEP 1 1959

VS SEP 11 1959

SEP 2 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyle G. Stinkingbear

Licensed Embalmer No. 4830

P. O. Address Alva, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.