

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028812

FILED VS AUG 24 1959

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 102

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BETHANY</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>REID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HARRISON</u> c. CITY OR TOWN <u>BETHANY</u> d. STREET ADDRESS (If outside, give location) <u>222 N 24th</u>									
3. NAME OF DECEASED (Type or print) First <u>Claretta</u> Middle <u>Jane</u> Last <u>Leonard</u>				4. DATE OF DEATH Month <u>8-15-1959</u> Day <u>15</u> Year <u>1959</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-15-77</u>		9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY -----				11. BIRTHPLACE (City and state or country) <u>Putman County Missouri U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>LE GRAND LEWIS</u>				13b. MOTHER'S MAIDEN NAME <u>JANE FREEBORN</u>				14. NAME OF HUSBAND OR WIFE <u>ROBERT F. LEONARD</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT <u>RAYMOND LEONARD, BETHANY, MO</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>5 yrs</u>	
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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>2-24-59</u> to <u>8-15-59</u> and last saw her alive on <u>8-15-59</u> Death occurred at <u>7:35 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>S.M. Thompson</u> (Degree or title) <u>D.O.</u>						22b. ADDRESS <u>BETHANY, MO.</u>				22c. DATE SIGNED <u>8-17-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-17-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MORRIS CHAPEL</u>				23d. LOCATION (City, town, or county) <u>BETHANY MO.</u>					
24. FUNERAL DIRECTOR <u>McHear</u>					25. DATE RECD. BY LOCAL REG. <u>8-17-1959</u>		26. REGISTRAR'S SIGNATURE <u>Gella Mapey</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 MB Head

Licensed Embalmer No. 3899

P. O. Address Bethany

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.