

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032845

FILED VS OCT 2 1959 / 60

Registration District No. _____ Primary Registration District No. 55450 Registrar's No. 141

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jefferson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pevely		a. STATE Missouri		b. COUNTY Jefferson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Pevely		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS		(If outside, give location)		d. STREET ADDRESS		(If outside, give location)	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Robert		Middle		Last Leutzinger		Month Day Year Sept. 21, 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Ret)		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and state or country) Hillsboro, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Leutzinger			13b. MOTHER'S MAIDEN NAME Sarah Rebecca			14. NAME OF HUSBAND OR WIFE Josephine Dickerman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 92-36-1188		17. INFORMANT Address Mrs. Josephine Leutzinger, Pevely, Mo.			
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) Chronic Myocarditis							
DUE TO (b) Generalized arteriosclerosis							
DUE TO (c)							
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 Aug 12, 1958 to Sept 15, 59 and last saw her alive on Sept 15, 59 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Bertalan Belgro, M.D. (Signature or title)				22b. ADDRESS Pevely, Mo		22c. DATE SIGNED 9/23/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery		23d. LOCATION (City, town, or county) Hillsboro, Mo. (State)			
24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l Homes, Inc., Festus, Mo.			25. DATE RECD. BY LOCAL REG. 9-22-59	26. REGISTRAR'S SIGNATURE Jesse B. Fenton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 9 1989

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 Donald R. Wingon

Licensed Embalmer No. 3460

P. O. Address Hester

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.