

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035597

FILED VS OCT 23 1959

77

Primary Registration District No.

3016

Registrar's No.

283

STATE FILE NUMBER

WENDED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Length of stay in 1b <u>58 years</u>		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>909 E. Capitol Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>NORA</u> Middle <u>LETT</u> Last <u>LEACH</u>				4. DATE OF DEATH Month <u>October</u> Day <u>15th</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 9th 1874</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>		11. BIRTHPLACE (City and state or country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>George W. Leach</u>			13b. MOTHER'S MAIDEN NAME <u>Hardenia Wyatt</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>No</u> , or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>490-09-6628</u>		17. INFORMANT Address <u>Chester Leach Jefferson City, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the uterus - metastatic</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		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 <u> </u> a.m. <u> </u> p.m.	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>19:57</u> to <u>18-15-59</u> and last saw her <u>alive on</u> <u>10-14-59</u>				Death occurred at <u>9:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Robert H. Tanner, M.D.</u> (Name or title)			22b. ADDRESS <u>Jefferson City, Mo.</u>		22c. DATE SIGNED <u>10-19-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 17th '59</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Elston Cemetery</u>		23d. LOCATION (City, town or county) <u>Elston, Missouri</u>		(State)		
24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>20 October 1959</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D. Richter</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RCR1 7 AON SA

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 Donald N. Freeman

Licensed Embalmer No. 4623

P. O. Address Free

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.