URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 23 1959

59-037097

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. — Registrar's No. 117

ENDED

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bois Brule Twp. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Perry
c. CITY OR TOWN Perryville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. 4 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Harold Middle Clifton Last Leathers

4. DATE OF DEATH Month Oct. Day 6, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ May 1,
8. DATE OF BIRTH 1942
9. AGE (last birthday) 17 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commmon Labor
10b. KIND OF BUSINESS OR INDUSTRY Alfalfa Mill
11. BIRTHPLACE (City and state or country) Dexter, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Harold Leathers
13b. MOTHER'S MAIDEN NAME Mildred Moonier
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Vincent Pannier, Perryville, Address Mo., R.4.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple fracture neck Chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Coroner of Perry County, Mo.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Truck wheel passed over neck + Chest
20c. TIME OF INJURY 4 Hour ~~a.m.~~ p.m. Month, Day, Year 10-6-59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 51
20f. CITY, TOWN, OR LOCATION Bois Brule Twp COUNTY Perry STATE Mo

21. I attended the deceased from Coroner of Perry County, Mo., to Coroner of Perry County and last saw her/him alive on Coroner of Perry County, Mo.
Death occurred at 4 p.m. the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C M McDuncan Coroner of Perry County, Mo.
22b. ADDRESS Perryville Mo
22c. DATE SIGNED 10/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 9, 1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State) Perryville, Mo.

24. FUNERAL DIRECTOR Albert Bey, ADDRESS Perryville, Mo.
25. DATE RECD. BY LOCAL REG. Oct 10-1959
26. REGISTRAR'S SIGNATURE Jos J. Zoellner

(Licensed Embalmer's Statement on Reverse Side)

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

~~under~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert Bey

Signature of Student Embalmer

Licensed Embalmer No. 3886

P. O. Address Perryville

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