

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 18 1959

59-038846

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5040 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXETER TWP.		Length of stay in 1b 2 Mo.		c. CITY OR TOWN EXETER TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 Mi. South of Exeter			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 1/2 Mi. South of Exeter		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EVA Middle MAY Last LEONARD			4. DATE OF DEATH Month NOV. Day 10 Year 1959						
5. SEX Female	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 9-29-86	9. AGE (last birthday) 73	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) House wife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Jasper Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME ALBIN BOORD			13b. MOTHER'S MAIDEN NAME SARAH JANE MULLINS			14. NAME OF HUSBAND OR WIFE GEORGE W. LEONARD			
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. NONE		17. INFORMANT Geo. W. Leonard, Exeter, Mo.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OVARIAN CARCINOMA							INTERVAL BETWEEN ONSET AND DEATH 6 Mo		
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 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 9-23-59 to 11-3-59 and last saw her ^{her} _{sum} alive on 11-3-59 Death occurred at 3:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) A. H. Johnson D.O.				22b. ADDRESS Cassville, Missouri			22c. DATE SIGNED 11-10-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-13-59	23c. NAME OF CEMETERY OR CREMATORY Maplewood cemetery		23d. LOCATION (City, town, or county) (State) Exeter, Missouri				
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.			25. DATE RECD. BY LOCAL REG. 11-10-59		26. REGISTRAR'S SIGNATURE Mary McDonald, Deputy				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS 18 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph E. Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville

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.