

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 22 1959

88

Primary Registration District No. 5326

Registrar's No. 50

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY CRAWFORD				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC		Length of stay in 1b 17 YRS.		c. CITY OR TOWN RURAL-MERAMEC		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.M.I.-E-STEELVILLE, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) S.M.I.-E-STEELVILLE, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FLORENCE Middle ANNA Last LEACH				4. DATE OF DEATH Month DEC. 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 12-21-1879	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) SALEM, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME SYLVESTER FRASER			13b. MOTHER'S MAIDEN NAME CAROLINE NOLLNER		14. NAME OF HUSBAND OR WIFE ELMER LEACH			
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 Address ELMER LEACH-STEELVILLE, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary Atherosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 Days 15 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Poor traumatic arthritis of hip - 10 yrs						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Dec 1958 to 12/10/59 and last saw her alive on 12/8/59 Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Frank A. Elders, M.D. (Degree or title)				22b. ADDRESS Cuba, Mo.		22c. DATE SIGNED 12/14/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-13-1959	23c. NAME OF CEMETERY OR CREMATORY FRASER CEMETERY		23d. LOCATION (City, town, or county) DENT COUNTY - Mo. (State)				
24. FUNERAL DIRECTOR Thomas S. Halbert ADDRESS STEELVILLE, Mo.			25. DATE RECD. BY LOCAL REG. 12/15/59		26. REGISTRAR'S SIGNATURE Mrs Hazel Lichins			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 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 m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address STEELVILLE,

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.