

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS DEC 29 1959 113

#185

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STATE FILE NUMBER

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

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair		a. STATE Missouri		b. COUNTY Franklin	
Length of stay in lb 25 yrs		c. CITY OR TOWN St. Clair		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)			
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED				4. DATE OF DEATH			
First Matilda		Middle Leonard		Month Dec. 23, 1959		Day 1959	
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-23-1880	
9. AGE (last birthday) 79		IF UNDER 1 YEAR		IF UNDER 24 HR		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) St. Louis County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME John Krienkamp			
13b. MOTHER'S MAIDEN NAME Bertha Halbach				14. NAME OF HUSBAND OR WIFE Fred 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 Otto Krienkamp	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) 4 REMIC poisoning				4 1 hrs			
DUE TO (b) Glomerulo nephritis				24 days			
DUE TO (c) Carcinoma of Liver				4 months			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Elephantiasis				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 7-11-53 to 12-23-59 and last saw her alive on 12-20-59							
Death occurred at 3:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. W. Williamson D.O.				22b. ADDRESS 445 S. Main St. Clair Mo.		22c. DATE SIGNED 12-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12 26 59		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) (State) Grubville, Mo.	
24. FUNERAL DIRECTOR Casey Lenox ADDRESS St. Clair, Mo.				25. DATE RECD. BY LOCAL REG. Dec 28-59		26. REGISTRAR'S SIGNATURE Chadley Smith	

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 me
or by K. M. LENOX, JR. Student Embalmer No. 575
working under my personal supervision.

Student K. M. Lenox, Jr.
Signature of Student Embalmer

Signed K. M. Lenox

Licensed Embalmer No. 3601
P. O. Address H. Clark

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.