

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-007582

FILED VS MAR 9 1960

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla, Mo.</u>		c. CITY OR TOWN <u>Argyle, Mo.</u>	
Length of stay in 1b <u>1 year</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>McFarland Nurseing Home</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mary L.</u> Middle <u>Leuthen</u> Last <u></u>	4. DATE OF DEATH Month <u>Feb.</u> Day <u>18,</u> Year <u>1960.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/4/1876</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Belle, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>George Mahon</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Rodgers</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Leuthen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>M. J. Leuthen, Waynesville, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.	DUE TO (b) <u>Far advanced arterio sclerosis</u>	
	DUE TO (c) <u></u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>	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
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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.) <u></u>
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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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.) <u></u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u></u>
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21. I attended the deceased from 3-2-69 to 2-18-60 and last saw her alive on 2/15/60  
Death occurred at 12:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Mary M. Myers M.D.</u>	22b. ADDRESS <u>Rolla, Mo</u>	22c. DATE SIGNED <u>2/23/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 19, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>McFarland Nurseing Home</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 23, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AS MAR 10 1960

APR 5 1960

STATEMENT BY LICENSED EMBALMER

MAR 9 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*H. O. Birmingham*

Licensed Embalmer No.

*3664*

P. O. Address

*Vienna*

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.