

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 25 1960

60-011497

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 135 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin	Length of stay in lb 4 yrs	c. CITY OR TOWN Joplin	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1909 Empire Avenue (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) JOHN First LEONARD Middle Last			4. DATE OF DEATH March 16, 1960 Month Day Year	
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5. SEX Male	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 3-8-1914	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Engineer	10b. KIND OF BUSINESS OR INDUSTRY Electronic Mfg.	11. BIRTHPLACE (City and state or country) Thayer, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Leonard	13b. MOTHER'S MAIDEN NAME Viola Zeiger	14. NAME OF HUSBAND OR WIFE Mable Leonard
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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) No None	16. SOCIAL SECURITY NO. 429-14-7274	17. INFORMANT Address Mrs. Mable Leonard, Joplin, Mo.
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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) Pulmonary hemorrhage from metastatic carcinoma DUE TO (b) Adenocarcinoma of Prostate DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 years
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) "Christmas disease" or Pseudo hemophilia	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 checked="" 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 West Plains, Missouri	COUNTY	STATE
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21. I attended the deceased from **MAY 14, 1959** to **Present** and last saw her/him alive on **MARCH 15, 1960**
Death occurred at **6:15 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence O. Allen MD.	22b. ADDRESS 308 Medical Arts, Joplin	22c. DATE SIGNED MARCH 16, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-17-60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) West Plains, Missouri
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24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 3-17-1960	26. REGISTRAR'S SIGNATURE Novce Merriam
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

REC 3 1966

MAR 17 1961

STATEMENT BY LICENSED EMBALMER

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 David Allon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

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