

**DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS MAY 24 1960**

**-60-020545**

Registration District No. 314 Primary Registration District No. 6056 Registrar's No. 29 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler Township</u>		Length of stay in 1b <u>years</u>		c. CITY OR TOWN <u>Deepwater</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 M- SE Deepwater</u>				d. STREET ADDRESS (If outside, give location) <u>Route</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Leon</u> Middle <u>-</u> Last <u>Neuenschwander</u>				4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1960</u>			
5. SEX <u>Male</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>3/17/72</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Neuenschwander</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Neuenschwander</u>			14. NAME OF HUSBAND OR WIFE	
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>Mrs. Howard Tompkins, Deepwater, Mo</u>			
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 Thrombosis</u> DUE TO (b) <u>arterial Sclerosis - Uremia</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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 <u>    </u> Month, Day, Year <u>    </u> a.m. <u>    </u> p.m. <u>    </u>		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 <u>1950 -</u> to <u>May 9, 1960</u> and last saw her/him alive on <u>April 2/1960</u> Death occurred at <u>7:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Geo S Watzel DO.</u>				22b. ADDRESS <u>Clinton Missouri</u>		22c. DATE SIGNED <u>5/10/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/11/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valley Center</u>		23d. LOCATION (City, town, or county) (State) <u>Deepwater Mo; Route</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Goodrich Funeral Home, Osceola Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-21-1960</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

APR 19 1962

JUN 13 1961

STATEMENT BY LICENSED EMBALMER

1961 8 NO

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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Oscoda

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