

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034544

REGISTRATION DISTRICT NO. 3 1960

137

Primary Registration District No. 3023

REGISTRAR'S NO. 237

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 1 week		c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 616 E. Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First HAZEL Middle INEZ Last LEAVITT				4. DATE OF DEATH Month September Day 27, Year 1960						
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 6/8/19		9. AGE (last birthday) 41		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welfare worker		10b. KIND OF BUSINESS OR INDUSTRY Welfare		11. BIRTHPLACE (City and state or country) Osceola, Missouri		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME William H. Mann			13b. MOTHER'S MAIDEN NAME Josephine Birdsong			14. NAME OF HUSBAND OR WIFE Wallace Leavitt				
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. 489-36-8604		17. INFORMANT Wallace Leavitt, Clinton, Missouri				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA LIVER DUE TO (b) CARCINOMA LUNG DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 1 YR 3 YR		
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"/> N. <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 Month, Day, Year a.m. p.m.		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 1957 to Sept 27, 1960 and last saw her alive on Sept 27, 1960 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Hugh B. Walker, MD				22b. ADDRESS Clinton, Mo			22c. DATE SIGNED Sept 29, 1960			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 30, 1960		23c. NAME OF CEMETERY OR CREMATORY Osceola, Missouri		23d. LOCATION (City, town, or county) Osceola, Missouri		(State)		
24. FUNERAL DIRECTOR Consalus Clinton, Mo.				DATE RECD. BY LOCAL REG. Sept 29, 1960		26. REGISTRAR'S SIGNATURE Mildred Bigum				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 7 100
OCT 4 1960

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 Eugene R. Conner

Licensed Embalmer No. 468

P. O. Address Clinton, Ga

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.