

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002681

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 29

AMENDED

PLACED FEB 4 1961

a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles	Length of stay in 1b 3 Yrs.	c. CITY OR TOWN St. Charles	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 723 Clay St.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 723 Clay St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle E. Last Leonard			4. DATE OF DEATH Month Feb. Day 4 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 11 Days 10 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Fort Dodge, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas Leonard		13b. MOTHER'S MAIDEN NAME Johanna Burke		14. NAME OF HUSBAND OR WIFE None	
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.		17. INFORMANT Address Raymond Leonard, St. Louis, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Pulmonary Fibrosis DUE TO (b) Silicosis DUE TO (c) Hx		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). Right sided heart failure		

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.)	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
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 St. Charles		COUNTY Mo.	STATE Mo.

21. I attended the deceased from **Dec 1960** to **Feb 4-61** and last saw ^{her}him alive on **Feb 3-61**
Death occurred at **7:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vincent A. Schneider M.D.		22b. ADDRESS St. Charles, Mo.		22c. DATE SIGNED 2/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 8, 1961	23c. NAME OF CEMETERY OR CREMATORY St. Chas. Borromeo Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
24. FUNERAL DIRECTOR ADDRESS H.C. Dellmeyer & Sons, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. Feb 8-61	26. REGISTRAR'S SIGNATURE Hunsard W. M.D.	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FEB 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis R. Amalson

Licensed Embalmer No. 4832

P. O. Address St. Charles

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.