SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016207
STATE FILE NUMBER

Dr. Dillinger
Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 36

AMENDED

FILED MAY 2 1961

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Taney
c. CITY OR TOWN Hollister
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First AMANDA Middle Last LEATHERMAN
4. DATE OF DEATH: Month April Day 9 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar. 4 1876
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Marwin, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Madrice
13b. MOTHER'S MAIDEN NAME: Marila Burris
14. NAME OF HUSBAND OR WIFE: Dan Leatherman (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: –
17. INFORMANT: Lonnie Darrell Address: Omaha Ark

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/9/61 to 4/9/6 and last saw her alive on 4/9/61
Death occurred at 2:47 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roy Gillmore (Degree or title)
22b. ADDRESS Branson Mo.
22c. DATE SIGNED 4/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 11, 1961
23c. NAME OF CEMETERY OR CREMATORY Omaha
23d. LOCATION (City, town, or county) (State) Omaha, Ark
24. FUNERAL DIRECTOR Chinkerson ADDRESS Harrison, Ark
25. DATE RECD. BY LOCAL REG. 4-25-61
26. REGISTRAR'S SIGNATURE Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

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_____ Signed Clyde R Magness

Signature of Student Embalmer

Licensed Embalmer No. Lic 89

P. O. Address Harrison, Co

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.