

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018528

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 117

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD-READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED JUN 7 1961

1. PLACE OF DEATH
 a. COUNTY **Phelps**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Rolla Rolla** Length of stay in lb **28 Years**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **203 Elliott Drive** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Phelps**
 c. CITY OR TOWN **Rolla** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **203 Elliott Drive** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
WILLIS A. LEONARD **May 25, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-18-94** 9. AGE (last birthday) **67** 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) **Shoe Worker, Retd.** 10b. KIND OF BUSINESS OR INDUSTRY **J. S. S. Shoe Factory** 11. BIRTHPLACE (City and state or country) **Lecoma, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Drue Leonard** 13b. MOTHER'S MAIDEN NAME **Opha Elliott** 14. NAME OF HUSBAND OR WIFE **Mrs. Gertrude Leonard.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT Address **Mrs. Gertrude Leonard, Rolla, Mo., 203 Elliott Dr**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **5 min**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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 **March 1958** to **May 25, 1961** and last saw ^{him} him alive on **May 24, 1961**
 Death occurred at **9:30AM** m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. Andreasen** 22b. ADDRESS **Rolla Mo** 22c. DATE SIGNED **5/29/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 27, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Ozark Memorial Gdns.** 23d. LOCATION (City, town, or county) (State) **Rolla, Missouri.**

24. FUNERAL DIRECTOR ADDRESS **Null & Son Funeral Home.. Rolla** 25. DATE RECD. BY LOCAL REG. **May 27, 1961** 26. REGISTRAR'S SIGNATURE **Nadene L Stoll**
 By **Paul E. Null**

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo

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.