MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000245

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 8

FILED FEB 13 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Centralia — Length of stay in 1b: 7 ½ months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Campbell House — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: St. Louis ~~Boone~~
c. CITY OR TOWN: Brentwood, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2100 Parkridge — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Inez — Middle: A — Last: Leezy

4. DATE OF DEATH: Month: Feb — Day: 7 — Year: 1962

5. SEX: Female — 6. COLOR OR RACE: Caucasian

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8/8/91

9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 5, Days 29 — 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: Home Maker.

11. BIRTHPLACE (City and state or country): Wesco, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Walter Bowers

13b. MOTHER'S MAIDEN NAME: Mary E. Key

14. NAME OF HUSBAND OR WIFE: deceased

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.: None

17. INFORMANT: Mary Brinkmeyer, Brentwood, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic Pneumonia	2 Days
DUE TO (b)	Progressive Muscular Fibrosis	few years
DUE TO (c)	Primary Lateral Sclerosis	few years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 12-16-61, to 2-7-62 and last saw her/him alive on 1-12-62
Death occurred at 8:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] DO

22b. ADDRESS: Centralia MO

22c. DATE SIGNED: 2-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Feb. 10 62

23c. NAME OF CEMETERY OR CREMATORY: Leezy Family

23d. LOCATION (City, town, or county) (State): near Steelville - Mo.

24. FUNERAL DIRECTOR: Bill J. Meador — ADDRESS: Centralia, Missouri

25. DATE RECD. BY LOCAL REG.: Feb. 8th 1962

26. REGISTRAR'S SIGNATURE: Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 23 1962

FEB 28 1962

APR 6 1962

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 Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.