

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010060

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 637

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 19 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in lb 56 DAYS	c. CITY OR TOWN WHITEWATER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NON E Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALFRED Middle (NONE) Last LEONARD			4. DATE OF DEATH Month MARCH Day 7 Year 1962
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 2-26-87
9. AGE (last birthday) 75		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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) CAPE COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME ELI LEONARD	
14. MOTHER'S MAIDEN NAME MARTHA HAYNES		15. NAME OF HUSBAND OR WIFE NONE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		17. SOCIAL SECURITY NO. UNKNOWN	18. INFORMANT VA HOSPITAL, POPLAR BLUFF, MO.
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) MASSIVE GASTROINTESTINAL HEMORRHAGE.			INTERVAL BETWEEN ONSET AND DEATH ---
DUE TO (b) POSTERIOR DUODENAL ULCER.			---
DUE TO (c) BENIGN PEPTIC ULCERATION.			---
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHOLELITHIASIS.			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
20a. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20b. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. TIME OF INJURY Hour Month, Day, Year s.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20g. CITY, TOWN, OR LOCATION VA	COUNTY	STATE
21. I attended the deceased from January 10, 1962 to March 7, 1962 and last saw her alive on March 7, 1962 Death occurred at 12:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) DAVID W. MITLER, M.D., Acting Pathologist		22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 3/7/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-7-62	23c. NAME OF CEMETERY OR CREMATORY Jackson Cem.	23d. LOCATION (City, town, or county) (State) Jackson, Mo.
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 3/16/62	26. REGISTRAR'S SIGNATURE Shelma Graham	

USE BLACK INK OR TYPEWRITER RIBBON

MAR 23 1962

Permit returned

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 Edgar W. Tappan

Licensed Embalmer No. 33924

P. O. Address Pepper Bluff, 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.