MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-0159 [redacted]
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0581
2 0170
3 2
4 0
5 1
6
7 0
8 0
9 4201
10
11
12 4-0
13 2-0

Registration District No. 381 Primary Registration District No. 3039 Registrar's No. 72

FILED APR 17 1962

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline
Length of stay in 1b 32 days
c. CITY OR TOWN Bosworth
Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) S/E Part Town
Reside on Farm Yes ☐ No X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll

3. NAME OF DECEASED (Type or print) First William Middle T. Last Leaton
4. DATE OF DEATH Month April Day 6 Year 1962
5. SEX M
6. COLOR OR RACE W
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/31/86
9. AGE (last birthday) 75
IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Railroad Man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Livingston Co MO
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME CW Leaton
13b. MOTHER'S MAIDEN NAME Sarah A Jacobs
14. NAME OF HUSBAND OR WIFE Nettie E Leaton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Nettie E Leaton Address Bosworth Mo

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 — INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Previous Infarction — 2½ mos.
DUE TO (c) Arteriosclerotic Cardiovascular Disease — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Anuria; Intractable Shock; Cardiac decompensation
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 1962 to April 6 1962 and last saw ~~her~~ him alive on April 6 1962
Death occurred at 6:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE George Gow (Degree or title)
22b. ADDRESS Marceline Missouri
22c. DATE SIGNED 4-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/9/1962
23c. NAME OF CEMETERY OR CREMATORY Lakeside Cemetery
23d. LOCATION (City, town, or county) (State) Sumner, Missouri
24. FUNERAL DIRECTOR Clifford W Austin F H ADDRESS Hale Mo
25. DATE RECD. BY LOCAL REG. 4-8-62
26. REGISTRAR'S SIGNATURE Carrie Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, 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.