

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030438

STATE FILE NUMBER

Leon Taylor

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 348

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 11 1962**

1. PLACE OF DEATH  
 a. COUNTY Cole  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in 1b 8 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 802 Deeg St. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Cole  
 c. CITY OR TOWN Jefferson City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 802 Deeg St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Adam Middle None Last Ittner  
 4. DATE OF DEATH Month September Day 9 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-23-1884 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Building 11. BIRTHPLACE (City and state or country) Brazito, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fredrick Ittner 13b. MOTHER'S MAIDEN NAME Elizabeth Schott 14. NAME OF HUSBAND OR WIFE Elsa Sommerer

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 Walter Ittner, Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerosis generalized INTERVAL BETWEEN ONSET AND DEATH 10 years  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_  
 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 10:50 to 8:29/62 and last saw him alive on 9-9-62  
 Death occurred at About 6.35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leon Taylor M.D. 22b. ADDRESS Jefferson City 22c. DATE SIGNED 9-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-11-1962 23c. NAME OF CEMETERY OR CREMATORY Immanuel Luth. Church Cemetery Honeycreek 23d. LOCATION (City, town, or county) (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Gideon N. Houser, Jefferson City, Mo. 25. DATE RECD. BY LOCAL REG. 10 September 1962 26. REGISTRAR'S SIGNATURE R. Richter

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

USE BLACK INK OR TYPEWRITER RIBBON

MS SEP 17 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 Gene C. Hunted

Licensed Embalmer No. 4739

P. O. Address Jeff City, 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.