

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034198

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 118

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED OCT 8 1962	
<p>1. PLACE OF DEATH a. COUNTY <u>Cooper</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u> Length of stay in 1b <u>30 Yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home, 109 W. Spring</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u></p> <p>c. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>109 W. Spring St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>Pauline</u> Middle <u>Rosa</u> Last <u>Leatherman</u></p>	<p>4. DATE OF DEATH Month <u>September</u> Day <u>27</u> Year <u>1962</u></p>
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>January 26, 1883</u> 79</p>
<p>9. AGE (last birthday) Months <u>7</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u></p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Florence, Missouri</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	<p>13a. FATHER'S NAME <u>Fritz Rosa.</u></p>
<p>13b. MOTHER'S MAIDEN NAME <u>Minnie ??</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>Walter Leatherman</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p>16. SOCIAL SECURITY NO. <u>-----</u></p>
<p>17. INFORMANT <u>Miss Nettie Leatherman, Boonville, Mo.</u></p>	<p>Address</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>a few min</u> DUE TO (b) <u>arteriosclerosis</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u>9:30</u> a.m. <u>8-PM</u> Month, Day, Year <u>1959</u></p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION <u>Boonville Mo</u></p>
<p>21. I attended the deceased from <u>1959</u> to <u>9-27-62</u> and last saw her alive on <u>9-27-62</u>. Death occurred at <u>9:30 8-PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (In green or blue ink) <u>TC Beckett MD</u></p>	<p>22b. ADDRESS <u>Boonville Mo</u></p>
<p>22c. DATE SIGNED <u>9-28-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>Sept. 30, 1962</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) <u>Boonville, Mo.</u></p>
<p>24. FUNERAL DIRECTOR <u>Goodman & Boller, Boonville, Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>9-30-62</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>SE Hooper</u></p>	

USE BLACK INK OR TYPEWRITER-RIBBON

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.