MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035466
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 56

FILED OCT 8 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0650
2	0400
3	
4	1
5	2
6	
7	0
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9	260X
10	
11	
12	1-2
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Princeton — Length of stay in 1b: 5 days.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Axtell Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Grundy
c. CITY OR TOWN: Trenton — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Route 4 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Hallie — Middle: Annabelle — Last: Leeper

4. DATE OF DEATH: Month: Sept — Day: 30 — Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10/2/1882
9. AGE (last birthday): 79 — 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): Home maker
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Livingston Co, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Sylvester Lugenbeal
13b. MOTHER'S MAIDEN NAME: Matilda Brassfield.
14. NAME OF HUSBAND OR WIFE: Joseph H. Leeper (dec)

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.: None –
17. INFORMANT: Jewell Leeper — Address: Route 4 Trenton, Mo.

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)	Uremia	8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diabetes	20 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Gangrenous Ulcer of the right foot - Amputation 9-25-62

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 9-22-62, to 9-30-62 and last saw her/him alive on 9-30-62
Death occurred at 5:15 a.m m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Byron I. Axtell D.O.
22b. ADDRESS: Princeton, Mo.
22c. DATE SIGNED: 10-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 2 1962
23c. NAME OF CEMETERY OR CREMATORY: Shelburne Cemetery
23d. LOCATION (City, town, or county) (State): Route 4 Trenton, Mo.

24. FUNERAL DIRECTOR — ADDRESS: J. Gordon Blackmore Trenton, Mo.
25. DATE RECD. BY LOCAL REG.: 10-2-62
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 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 Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.