

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003770

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 305 STATE FILE NUMBER

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

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 17 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis, Mo.
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b
 c. FULL NAME OF LIFE NOT in hospital, give location HOSPITAL OR INSTITUTION St. Louis University Hosp. Firmin Desloge Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY Jeff.
 c. CITY OR TOWN Festus Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Josephine Leutzinger January 9 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-31-98 9. AGE (last birthday) 64 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) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) DeSoto, Mo. 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Anthony Dickerman 13b. MOTHER'S MAIDEN NAME (Unknown) 14. NAME OF HUSBAND OR WIFE Robert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Elmer Lucas, Rt. 2, Festus, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Respiratory arrest
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac arrest
 DUE TO (c) Broncho-pneumonia & chr. lung disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X 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 JAN 7, 1963 to JAN 9, 1963 and last saw her alive on JAN 9 1963
 Death occurred at 3 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jamal Din, M.D. Resident Physician 22b. ADDRESS 1325 S. GRAND 22c. DATE SIGNED JAN 10, 63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-11-63 23c. NAME OF CEMETERY OR CREMATORY Hillsboro City Cemetery 23d. LOCATION (City, town, or county) (State) Hillsboro, Mo.

24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Festus, Mo. 25. DATE RECD. BY LOCAL REG. JAN 10 1963 26. REGISTRAR'S SIGNATURE Joan Smith, M.D.

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:

Keith B. Yungard

Licensed Embalmer No.

4976

P. O. Address

Stettin, 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.