

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014772

FILED MAY 13 1963

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 161

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		Length of stay in 1b 18 days	c. CITY OR TOWN Atlanta
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Fred Mae Leath			4. DATE OF DEATH Month Day Year 4 - 12 - 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 87
11a. FATHER'S NAME Jim Leath		11b. MOTHER'S MAIDEN NAME Mela Bailey	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		17. INFORMANT Address Thelma Bartlett - Atlanta, Mo	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION AND DEBILITATION DUE TO (b) GENERAL ARTERIOSCLEROSIS AND DUE TO (c) NEPHROSCLEROSIS INTERVAL BETWEEN ONSET AND DEATH UNKNOWN			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ANEMIA AND DYS			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 8-25-63 to 4-12-63 and last saw him alive on 4-11-63 Death occurred at 7:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Death or title) Fred Leath		22b. ADDRESS KIRKSVILLE, Mo	
22c. DATE SIGNED 5-1-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-14-1963	
23c. NAME OF CEMETERY OR CREMATORY Fair View		23d. LOCATION (City, town, or county) (State) MACON CO. Mo.	
24. FUNERAL DIRECTOR Theo H. Goodding - Atlanta, Mo		25. DATE RECD. BY LOCAL REG. May 8, 1963	
26. REGISTRAR'S SIGNATURE Gene W. Ratliff			

Permit issued ~~May~~ April 12, 1963

EARL LAUGHMAN, JR., D.O.

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 Thos H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, 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.