

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20735  
Registrar's No. 109

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beverly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beverly Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Leukert</u> c. (Last) <u>Leukert</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 14-1886</u>
9. AGE (In years last birthday) <u>64</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Leukert</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Welz</u>	
14. NAME OF HUSBAND OR WIFE <u>Josephine Leukert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>486-12-6212</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alfred Leukert, Beverly, Mo</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> (b) <u>Carcinoma of the Prostate gland</u> (c) <u>to the Chest.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		19d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 21, 1951</u> , to <u>5/13/51</u> , that I last saw the deceased alive on <u>3/13/51</u> , 1951, and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. Duesend</u> (Degree of title)		23b. ADDRESS <u>Macon Mo</u>	
23c. DATE SIGNED <u>5/25/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Beverly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/22/51</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Edwards</u>		ADDRESS <u>Beverly Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

610

RECEIVED 6-26-51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6-51-94  
Date Filed 6-28-51

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 \_\_\_\_\_  
Student Embalmer

Signed *A. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Brewer, 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 this body is not embalmed, fact should be so stated above.