

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37067

State File No. _____

FILED NOV 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>556</u>		
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>75 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton MO</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 506 N Washington</u>				d. STREET ADDRESS (If rural, give location) <u>506 N Washington</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>PALINR</u>		b. (Middle) <u>X</u>		c. (Last) <u>LEONARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>9/18/1865</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>86</u> 1 <u>1</u> 16 <u>16</u>		11. BIRTHPLACE (State or foreign country) <u>SHERMAN TEXAS</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ISAAC LEONARD</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET DUGESON</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>SUSIE ANDERSON</u>		ADDRESS <u>Clinton</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchial pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>cerebral hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 days</u> <u>5 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____		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>7-1</u> , 19 <u>51</u> , to <u>11-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-12</u> , 19 <u>51</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. R. Powell Do</u>				23b. ADDRESS <u>Clinton</u>		23c. DATE SIGNED <u>11/17/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/17/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLINTON COLORED</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>		
DATE REC'D BY LOCAL REG. <u>Nov-17-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Connelley</u>		ADDRESS <u>Clinton MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 26 1951 _____

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

J. E. Corralles

Licensed Embalmer No. *1891*

P. O. Address *Chinito, N.M.*

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.