

JUN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17152

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 173

2582

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits) write RURAL and give township <u>Brookfield</u>		c. CITY (If outside corporate limits) write RURAL and give township <u>Brookfield</u> <u>2592</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>521 E Brook</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>521 E Brook</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u>	b. (Middle) <u>JAY</u>	c. (Last) <u>CUTLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May-23-1952</u>
---	------------------------	-------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2 Aug - 31 - 1864</u>	9. AGE (In years last birthday) <u>87</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	if UNDER 18 HRS. Hours <u></u> Mins. <u></u>
-----------------	---------------------------	--	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work though during most of working life, even if retired) <u>Cat Tents Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Culton Co Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>J. Cutler</u>	13b. MOTHER'S MAIDEN NAME <u>D.K.</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Cutler</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Bessie Cutler</u>	ADDRESS <u>Brookfield Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gall Bladder Inflammation</u>		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>385 X</u>	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) (Min.)	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 May 22, 1952, to May 23, 1952, that I last saw the deceased alive on May 22, 1952, and that death occurred at 1:47 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Potter</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>5-23-52</u>
---------------------------------------	---------------------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-27-52</u>	REGISTRAR'S SIGNATURE <u>Nadine Standen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Blacklock</u>	ADDRESS <u>Brookfield Mo</u>
--	--	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

20

TJH YHL

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. R. Blacklock

Licensed Embalmer No. 2346

P. O. Address Brookfield 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.