

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>High 3 Boro</u>		c. LENGTH OF STAY (in this place) <u>ONE month</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>LEONARD</u>		<u>GEORGE</u>		<u>FLECKEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 28 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNK.</u>		8. DATE OF BIRTH <u>UNKNOWN</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 months: Days) (Hours) (Min.) <u>ABOUT 81</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>unk.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CEDAR GROVE NURSING HOME</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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility without psychosis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>One year</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized arteriosclerosis?</u>					
		DUE TO (c) <u>Early arteriosclerotic gangrene of right foot.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</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)		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>July 1</u> , 19 <u>53</u> , to <u>July 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 26</u> , 19 <u>53</u> , and that death occurred at <u>6:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A. Dornell M.D.</u>				23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>7-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>July 29 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>SHAKOPEE MINN.</u>	
DATE REC'D BY LOCAL REG. <u>7-30-53</u>		REGISTRAR'S SIGNATURE <u>J. M. Martin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Martin</u>		ADDRESS <u>Desoto</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 10 1953

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 _____

Donnell B. Smith

Licensed Embalmer No. 4104

P. O. Address *Wichita, 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.