

No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27119**

FILED SEP 12 1955

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4370** Registrar's No. **223**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town or township) Clearmont		c. CITY OR TOWN Graham	
c. LENGTH OF STAY (in this place) 3 mo.		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home			
e. STREET ADDRESS (If rural, give location)			

0740

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Anna c. (Last) Leeper			4. DATE OF DEATH (Month) (Day) (Year) 8 25 1955		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 4-21-1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clamer Heidebrink		13b. MOTHER'S MAIDEN NAME Mary Louise Bauer		14. NAME OF HUSBAND OR WIFE Wm Frank Leeper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Leeper-Graham, Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous metastatic		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES probably originating in upper 1/2 of head.		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Senility. Arteriosclerosis			
19a. DATE OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION			159 X

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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **May 14, 1955** to **Aug 25, 1955**, that I last saw the deceased alive on **Aug 24, 1955** and that death occurred at **9 P M.** from the causes and on the date stated above.

23a. SIGNATURE Marvin Leeper (Degree or title) MO		23b. ADDRESS Elms-Mc		23c. DATE SIGNED Aug 31-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8-28-1955		24c. NAME OF CEMETERY OR CREMATORY Graham cemetery	
24d. LOCATION (City, town, or county) Graham, Mo.		24e. (State)			

DATE REC'D BY LOCAL REG. 9-10-55		REGISTRAR'S SIGNATURE Beas Hult		25. ORIGINAL DIRECTOR'S SIGNATURE McCluskey	
				ADDRESS Marionville Mo.	

SEP 21 1955

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.....
G. M. Atchison

Licensed Embalmer No. *227*

P. O. Address.....
Marysville

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.