Dr. Charles Leeder

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021959 STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 19

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY New Madrid | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY New Madrid |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marston — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN Marston 0720 — Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Marston — Length of stay in 1b 38 Yrs. | d. STREET ADDRESS (If outside, give location) Marston — Reside on Farm Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: Isaac Middle: Marshall Last: Williams | | | 4. DATE OF DEATH Month Day Year: June 10, 1957 | |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: Sept. 20, | 9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer- Riverboat | 10b. KIND OF BUSINESS OR INDUSTRY: Stationery Engineer | 11. BIRTHPLACE (City and state or country): Point Pleasant, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME: Isaac Marshall | | 14. MOTHER'S MAIDEN NAME: Fannie Batsell | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No No — (If yes, give war or dates of service) X | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT Address: Mrs. Mary Williams -Marston, Mo. | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____

Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): Charles C Leeder MD | 22b. ADDRESS: New Madrid Mo | 22c. DATE SIGNED: 11 June 57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: June 12, 1957 | 23c. NAME OF CEMETERY OR CREMATORY: Mound Cemetery |
| 23d. LOCATION (City, town, or county) (State): New Madrid County | | |
| 24. FUNERAL DIRECTOR ADDRESS: H.S.Smith Funeral Home C'ville.Mo. | 25. DATE RECD. BY LOCAL REG.: 6-15-57 | 26. REGISTRAR'S SIGNATURE: H.L. Ponder Deputy |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 2 1957

DATE RECEIVED JUN 18 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed W. Denver Pike

Signature of Student Embalmer

Licensed Embalmer No. 448

P. O. Address Caruthersv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.