

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1957

43287

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307 E. Hichory			Length of stay in 1b 43 years		d. STREET ADDRESS (If outside, give location) 307 E. Hickory			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Gail Middle Leib Last Welsh				4. DATE OF DEATH Month Nov. Day 10, Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 25, 1883		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and state or country) Edna Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Richard L. Leib				14. MOTHER'S MAIDEN NAME Jessie Robbins				
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 Helen Steincross Address Nevada, Mo...				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Attack Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension - w.r. disease DUE TO (c) 442X							INTERVAL BETWEEN ONSET AND DEATH 14 days 1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Sept 1948 to Nov. 10 1957 and last saw ^{her} him alive on Nov 10 1957 Death occurred at 5:18 AM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Amos Allen (Degree or title) MD				22b. ADDRESS Nevada Mo		22c. DATE SIGNED 11/11/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/12/57	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) Nevada, Missouri		(State)	
24. FUNERAL DIRECTOR Sichinger Funeral Home, Nevada, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 11-14-1957		26. REGISTRAR'S SIGNATURE Arma E. Ferris			

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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 *Percy F. Webster*

Licensed Embalmer No. *4800*

P. O. Address *Nevada, N.Y.*

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.