

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45319
STATE FILE NUMBER

FILED JAN 2 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Vichy	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Hosp.		d. STREET ADDRESS Highway 63	
3. NAME OF DECEASED (Type or print) LEONARD		4. DATE OF DEATH December 24, 1957	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 1, 1905	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Equipment operator		11. BIRTHPLACE (City and state or country) Maries County, Missouri	
13a. FATHER'S NAME Robert I. Seymour		14. NAME OF HUSBAND OR WIFE	
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. 497-03-2526	
17. INFORMANT Leroy M. Seymour		Address Summerfield, 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) Pulmonary Edema DUE TO (b) Trauma to chest - fractured ribs DUE TO (c) Auto Accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 days 3 days "
20a. ACCIDENT <input checked="" 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.) Auto Accident	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m. 12/21/57		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Rolla COUNTY Phelps STATE Mo	
21. I attended the deceased from 12/21/57 to 12/24/57 and last saw her alive on 12/23/57 Death occurred at 12:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.F. Anderson M.D. (Degree or title)		22b. ADDRESS Rolla, Mo.	
22c. DATE SIGNED 12/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 27, 1957	
23c. NAME OF CEMETERY OR CREMATORY Skaggs Chapel Cemetery		23d. LOCATION (City, town, or county) Maries County, Missouri (State)	
24. FUNERAL DIRECTOR Paul E. Neill ADDRESS Revere Mo		25. DATE RECD. BY LOCAL REG. Dec. 24, 1957	
26. REGISTRAR'S SIGNATURE Nadine L. Stoll			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

Phelps County Health Officer,

County File Number 924

Date Filed 12/31/57

JAN 9 1958
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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 Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.