

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017227
STATE FILE NUMBER

FILED JUN 13 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 128

300
1-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mexico TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Mexico TOWN 60430
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Phillips Rest Home 20 days INSTITUTION		Length of stay in lb	d. STREET ADDRESS 421 N. Clark St.
3. NAME OF DECEASED (Type or print) First HARRIET Middle MARIUM Last ELLIS		4. DATE OF DEATH Month June Day 8 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 25, 1866
9. AGE (In years last birthday) 92		FUNDER 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) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Ralls County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John E.P. Leadford	
13b. MOTHER'S MAIDEN NAME Rachael M. Howard		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. None	17. INFORMANT Address Mr. Elmer Magee, Mexico, 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) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 20 minute 30 years
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 <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 June 57 to June 8 and last saw her alive on June 2, 1958 Death occurred at 5:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Blanche Neely</i> (Degree or title) 3		22b. ADDRESS 1124 Clark Memphis	22c. DATE SIGNED 6/9/58
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE June 10, 58	23c. NAME OF CEMETERY OR CREMATORY Riverside	23d. LOCATION (City, town, or county) (State) Hannibal, Mo.
24. FUNERAL DIRECTOR Precht-Hueston, Mexico, Mo.		25. DATE RECD. BY LOCAL REG. June 9-1958	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Ralph L. Heester*

Licensed Embalmer No. *4687*
P. O. Address *Mexico, M*

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.