

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026587
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Moberly 08830	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1030 N. Ault St.		d. STREET ADDRESS 1030 N. Ault St.	

3. NAME OF DECEASED (Type or print) LEONA BESSIE CLARK			4. DATE OF DEATH JULY 23 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 8, 1899		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Randolph County, Mo.	
13. FATHER'S NAME Noah Waterfield			14. MOTHER'S MAIDEN NAME Dazarene Irons		
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. -----		17. INFORMANT Mrs. Goetze Jeter Address Moberly	

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 Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediate onset about age 40 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio renal disease DUE TO (c) and hypertension 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Recent episode of cardiac decompensation		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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: _____ a. m. _____ p. m. Month, Day, Year: _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____		21. I attended the deceased from _____	
21. I attended the deceased from _____ and last saw her alive on _____			
Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE W. D. Chute, M.D.		22b. ADDRESS 208 1/2 N. 4th, Moberly, Mo.		22c. DATE SIGNED 28 July 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 25, 1958		23c. NAME OF CEMETERY Oakland	
24. FUNERAL DIRECTOR Mahan Funeral Service		25. DATE RECD. BY LOCAL REG. 7-25-58		25. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON. REWRITE IF POSSIBLE. Doctor, coroner, or registrar must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part II must be causally related. Coroner cannot certify to a death due to natural causes.

Used per legal opinion

MEDICAL CERTIFICATION

AUG 6 1958

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 *John A. Gailor*.....

Licensed Embalmer No. *351*

P. O. Address *Maple*

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