

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010203

STATE FILE NUMBER

LEU MAR 24 1959 Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 8

71
300
1-57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) East Prairie, Missouri		c. CITY OR TOWN East Prairie, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) East Prairie		d. STREET ADDRESS (If outside, give location) 329 West Main	
Length of stay in 1b 35 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Robert Middle Nathaniel Last De Leon			4. DATE OF DEATH Month Feb. Day 28 Year 1959		
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5. SEX Male	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 Sept. 23, 1886	9. AGE (In years at birthday) 72	IF UNDER 1 YEAR Months 4 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (City and state or country) New Madrid County, Mo. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Isiac De Leon	13b. MOTHER'S MAIDEN NAME Belle Hubbard	14. NAME OF HUSBAND OR WIFE Mrs Angla De Leon
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Mrs. Angla De Leon East Prairie, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Metastases of prostate		INTERVAL BETWEEN ONSET AND DEATH 3-4-1950
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) prostate	
	DUE TO (c) 	
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.) 177X
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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 East Prairie	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from 12-28-49 to 2-28-59 and last saw him alive on 1-4-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W. D. DeLeon	(Degree or title) M.D.	22b. ADDRESS 219 N. Pacific Cape Girardeau Mo.	22c. DATE SIGNED 3/10/59
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23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 3-2-59	23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	23d. LOCATION (City, town, or county) (State) Near East Prairie, Missouri
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24. FUNERAL DIRECTOR Travis Shelby Jr. East Prairie, Mo.	ADDRESS 3-16-59	25. DATE RECD. BY LOCAL REG. 3-16-59	26. REGISTRAR'S SIGNATURE Gertrude G. Harper
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

APR 10 1958

Date Filed 3-23-59

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 *Travis Shelby Jr.*

Licensed Embalmer No. *1940*
P. O. Address *East Plain*

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.