

CERTIFICATE OF DEATH

JAN 2 1973

Registration District No. 316

Primary Registration District No. 3264

Registrar's No. 641

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

FILED

7b-c. 11351
7d. 90001
8. 29
14a. 29
14b. 187
14c-d. 11351
14e. 035
23. 0020293
26a. 2
18-U. 1890
18-S-1.
18-S-2.
20a-f.
20g-St.
20g-Co.
20g-Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Irene Mae Leonard					Female	December 22, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 67	5b.	5c.	6. April 23, 1905		7a. St. Francois
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Desloge		7c. yes		7d. 607 South Harry Jr. St.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. US of A		10. Widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 493-32-6756		13a. Seamstress		13b. Dry Cleaning			
RESIDENCE—STATE		CITY, TOWN, OR LOCATION, ZIP CODE	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	STREET AND NUMBER		
14a. Missouri		14b. St. Fran.	14c. Desloge 63601	14d. yes	14e. Randolph	14f. 607 So. Harry Jr.	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Andrew J. Fowler					16. Mary H. J. Hunt		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Dorothy Moranville		17b. RFD #1; Farmington, MO. 63640					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Carcinomatosis					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(b) Cu Left Kidney					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20b.		20c.	M. 20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20e.		20f.	20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. ATTENDED THE DECEASED FROM		9	17	72	21b. TO	12	22
					21c. 12	21	72
					21d.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD			
22a.		M. 22b.		YEAR			
22c.		DATE SIGNED (MONTH, DAY, YEAR)		M.			
CERTIFIER—NAME (TYPE OR PRINT)		MO. LICENSE NO.	SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. C. H. Appleberry		23b. 20293	23c. C. H. Appleberry			23d. 12-27-72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	MO.	
23e. 43 St. Joe				Rivermires	Mo.	63601	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Burial		24b. Parkview Cem.		24c. Farmington, Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Dec. 26, 1972		24e. C.Z. Beyer & Son; 1116 No. Main; Desloge, MO 63601					
FUNERAL DIRECTOR—SIGNATURE		REG. NO.	REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. [Signature]		25b. 2781	25c. M. L. Day		25d. Dec. 29, 1972		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

CERTIFIER

BURIAL

JAN 8 - 1973

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 David L. Shaw

Licensed Embalmer No. 5430

P. O. Address Desloge, MO 63601

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.