SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012932
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 150

FILED APR 24 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Mo. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. Missouri b. County Cape Girardeau
c. CITY OR TOWN Fruitland
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CARL Middle CHARLES Last G. LEIMER

4. DATE OF DEATH Month April Day 4 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/7/1885
9. AGE (last birthday): 75
IF UNDER 1 YEAR Months: Days: IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Farm Machinery
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Leimer
13b. MOTHER'S MAIDEN NAME: Amelia Petzoldt
14. NAME OF HUSBAND OR WIFE: Mary Gross Leimer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 498 40 4819
17. INFORMANT Address: Elmer Leimer, Fruitland, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive Upper G.I. Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Duodenal ulcer — 10 year
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 1949, to 4-4-61 and last saw her/him alive on 4-4-61
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 (Degree or title) C.F. McDonald, MD.
22b. ADDRESS Jackson, Mo.
22c. DATE SIGNED 4-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/7/1961
23c. NAME OF CEMETERY OR CREMATORY St. Johns
23d. LOCATION (City, town, or county) (State) Pocahontas, Mo.

24. FUNERAL DIRECTOR McCombs ADDRESS Jackson, Mo.
25. DATE RECD. BY LOCAL REG. 4-18-61
26. REGISTRAR'S SIGNATURE Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1962

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 Bruce Dockins

Licensed Embalmer No. 5097

P. O. Address Jackson, 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.