

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 161

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u>					
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>1407 Hinkson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H 1407 Hinkson Ave. 1</u>				d. STREET ADDRESS (If rural, give location) <u>1407 Hinkson</u>					
3. NAME OF DECEASED (Type or Print) <u>William Henry Leebriek</u>			a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Leebriek</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1949</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 23, 1861</u>			
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Nelson Co Va 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Nelson Co Va 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ezra Leebriek</u>			13b. MOTHER'S MAIDEN NAME <u>Permelia</u>			14. NAME OF HUSBAND OR WIFE <u>Della Leebriek</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>69</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Calvin - Kansas City</u> ADDRESS <u>8024 Jefferson</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerosis</u>				19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>					
22. I hereby certify that I attended the deceased from <u>Sept -</u> , 19 <u>37</u> , to <u>Feb - 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-3-</u> , 19 <u>49</u> , and that death occurred at <u>3:35 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>F. C. Duggan M.D.</u> (Degree or title)				23b. ADDRESS <u>Columbia</u>		23c. DATE SIGNED <u>2/4/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 5 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) <u>Columbia</u> (State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 4 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> 31		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adams</u> ADDRESS <u>Columbia</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer's Office  
No. 9,  
MAY 23 1949  
District File Number  
Date Filed FEB 8 1949

**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, ~~and~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lynard H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.