

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3843

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>State Hospital No. 3</u> <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural WASH. TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>3yr 11 Mo 20</u>		d. STREET ADDRESS (If rural, give location) <u>4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada State Hospital No. 3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Newton</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Leap</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 7 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 21, 1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>3 Mo 9</u>	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) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter work</u>	11. BIRTHPLACE (State or foreign country) <u>Lebanon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Missouri</u>
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13a. FATHER'S NAME <u>Charles J. Leap</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Shirley</u>	14. NAME OF HUSBAND OR WIFE <u>Addie Leap</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nevada State Hospital No. 3</u>	ADDRESS <u>Nevada, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>(Thrombosis left leg.)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <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>
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22. I hereby certify that I attended the deceased from 6-1-, 1946, to 1-, 1949, that I last saw the deceased alive on 1-7-, 1949, and that death occurred at 10:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>State Hospital # 3</u>	23c. DATE SIGNED <u>1-7-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs-Jackson-Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-7-49</u>	REGISTRAR'S SIGNATURE <u>Ruthen Yancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Blue Springs Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7;

District File Number 12-48-1569

Date Filed 1-10-49

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
Student Embalmer

Signed J.P.B. Webb

Licensed Embalmer No. 2853

P. O. Address Blue Springs

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.