

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4565

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 186

39  
2  
6

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>761 Fairway Ter.</b>		d. STREET ADDRESS (If rural, give location) <b>761 Fairway Terrace</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John William</b> b. (Middle) <b>Leonard</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 24, 1877</b>
9. AGE (In years Last birthday) <b>71</b>		10. MONTHS <b>8</b>	11. YEAR <b>XX</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Works</b>	11. BIRTHPLACE (State or foreign country) <b>Milwaukee, Wis</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Charles Leonard</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Seeman</b>	
14. NAME OF HUSBAND OR WIFE <b>Stella Victoria Leonard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Stella Victoria Leonard</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Liver</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>15</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>1-10</u> , 1949, to <u>2-24</u> , 1949, that I last saw the deceased alive on <u>2-24</u> , 1949, and that death occurred at <u>9:10 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. Kelly MD</b>		23b. ADDRESS <b>Springfield Mo</b>	
23c. DATE SIGNED <b>2-25-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 27, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Seneca, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Seneca, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-26-49</b>		REGISTRAR'S SIGNATURE <b>W.L. Handley MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W.L. Dunn</b>		ADDRESS <b>Springfield, Mo.</b>	

1970  
FEBRUARY

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 *RH McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield 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: