

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29141

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 45760 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Wright.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drury, Rural,</u>	
c. LENGTH OF STAY (In this place) _____		34 30 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vannoy Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Peab</u>	b. (Middle) _____	c. (Last) <u>Leroy</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>7-21-49</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>12-2-71</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WEEK Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Woodsen Co., Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. H. Leroy</u>	13b. MOTHER'S MAIDEN NAME <u>Almara Wiloman</u>	14. NAME OF HUSBAND OR WIFE <u>Mary L. Medlock Leroy</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>N</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Leroy - Drury, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3.31X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure of Brain</u>	DUE TO (b) <u>Capillary Sclerosis</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Phenobarb</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from Jan 5, 1947 to 7/21, 1949, that I last saw the deceased alive on 7/21, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Van Ness</u> (Degree or title)	23b. ADDRESS <u>Woodsen Co., Kansas</u>	23c. DATE SIGNED <u>8/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Yates</u>	24d. LOCATION (City, town, or county) (State) <u>Drury, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/24/49</u>	REGISTRAR'S SIGNATURE <u>Mrs. G. R. Warden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Plinkingbeard Funeral Home, Ava, Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11400

RECEIVED
District
District File Number
Date Filed

AUG 24 1949

849-983

8-26-49

AUG 30 1949

SEP 19 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, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Charles R. Fish

Signed.....

Student Embalmer

Licensed Embalmer No. *4662*

P. O. Address *Ava, 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.