S. No. 300
V. 10.48

49

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

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41500

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5584 Registrar's No. 227

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural -McDonald Twnshp
c. LENGTH OF STAY (In this place): 2 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sarcoxie Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chicago, 14
d. STREET ADDRESS (If rural, give location): 4014 Fullerton Parkway

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): Christopher
c. (Last): LEYENDECKER

4. DATE OF DEATH (Month) (Day) (Year): Dec 16, 1949

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec 14, 1882
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired interior decorator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Leyendecker
13b. MOTHER'S MAIDEN NAME: Caroline Hammond
14. NAME OF HUSBAND OR WIFE: CatherineBlind Leyendecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 360-07-8763
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Chas. Leyendecker, Rte 2 Sarcoxie, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — Unknown
DUE TO (c) Generalized arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. J. McDrew M.D.
23b. ADDRESS:
23c. DATE SIGNED: Dec 16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Dec 19, 1949
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo.

DATE REC'D BY LOCAL REG.: Dec 20-1949
REGISTRAR'S SIGNATURE: L. B. Clinton, M.D. 139
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knell Mortuary, Carthage, Mo.
Per. H. Ferguson (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-27-49
Jasper County Health Office

County File Number 49-12-984

Date Filed 12-30-49

JAN 3 1950

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 Gene H. Parrent, Student Embalmer No. 349, working under my personal supervision.

Student Gene H. Parrent
Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.