S. No. 300
. 10.48

0240
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1950

State File No. 12349

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE, MO.
c. LENGTH OF STAY (In this place): 3 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): IN TRUCK AT ELEVATOR SMITHVILLE, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE 0240
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): APRIL 13, 1950

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 2

8. DATE OF BIRTH: JUNE 16, 1910

9. AGE (In years last birthday): 39
If under 1 year: Months 9 Days 28
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: FARMERS ELEVATOR

11. BIRTHPLACE (State or foreign country): ALLENDALE, MO. 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: HENRY JAMES SANDERS

13b. MOTHER'S MAIDEN NAME: LYDIA ANN STETTLER

14. NAME OF HUSBAND OR WIFE: ___

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR II

16. SOCIAL SECURITY NO.: 497-12-3350

17. INFORMANT'S SIGNATURE OR NAME: MRS. L. A. FRENCH
ADDRESS: SMITHVILLE, 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

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.

4201

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* 1:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. J. Pate M.D. Coroner 3

23b. ADDRESS: No Kansas City, Mo

23c. DATE SIGNED: 4/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0

24b. DATE: 4-15-'50

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. CEMETERY

24d. LOCATION (City, town, or county) (State): SMITHVILLE, MO.

DATE REC'D BY LOCAL REG.: Apr 15-50

REGISTRAR'S SIGNATURE: Beulah Kitchen 63

25. FUNERAL DIRECTOR'S SIGNATURE: McCanes Funeral Home

ADDRESS: Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 22
District Health Officer No. 8,

District File Number.....

Date Filed 4-27-50

MAY 1 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed S. A. Mellonas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.