No. 300
10.48

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16054

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 1264
d. STREET ADDRESS (If rural, give location): 316 Adams St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): ELLIS
b. (Middle):
c. (Last): LEACH.

4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH 4-22-1877.
9. AGE (In years last birthday) 73 — If under 1 year: Months 0, Days 20 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Breakman.
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Cole Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: George Leach
13b. MOTHER'S MAIDEN NAME: Dina Wyatt.
14. NAME OF HUSBAND OR WIFE: Ruth Leach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) D.K. (If yes, give war or dates of service) D.K.
16. SOCIAL SECURITY NO. D.K.
17. INFORMANT'S SIGNATURE OR NAME Hospital Records. ADDRESS Fulton 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) Pulmonary Tuberculosis. — 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.

002 X

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 3-6-50, 19___, to 5-12-50, 19___, that I last saw the deceased alive on 5-11-50, 19___, and that death occurred at 4:5 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. J. Miller M.D. by A. Fuego MD.
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED 5-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 12, 1950
24c. NAME OF CEMETERY OR CREMATORY DK.
24d. LOCATION (City, town, or county) Jefferson City (State) Mo

DATE REC'D BY LOCAL REG. May-12-1950
REGISTRAR'S SIGNATURE 426 Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE James Lam
ADDRESS Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1950

District File Number

RECEIVED MAY 15 1950
District Health Officer No. 9,

OCT 14 1959

MAY 22 1950

OCT 14 1959

SEP 1 1960

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address Reno.

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.