

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

54.93 State File No. 16365

BIRTH NO.		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 4499		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Union</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Union</i>		1360	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home R.R.</i>				d. STREET ADDRESS (If rural, give location) <i>R.R.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clarence</i> b. (Middle) <i>Gilbert</i> c. (Last) <i>Leach</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 3rd 1950</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>December 7, 1898</i>	9. AGE (In years last birthday) <i>51</i>	IF UNDER 1 YEAR Months <i>5</i>	IF UNDER 24 HRS. Days <i>26</i>	Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>welding</i>		11. BIRTHPLACE (State or foreign country) <i>Bland Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>H. M. Leach</i>		13b. MOTHER'S MAIDEN NAME <i>Esther May Rogers</i>		14. NAME OF HUSBAND OR WIFE <i>Esther Leach</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>547-16-1721</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Esther Leach</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Esophagus</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>	
		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.				<i>150X</i>	
19a. DATE OF OPERATION <i>5/3/1950</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Esophagus</i>				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 <i>April</i> , 1950, to <i>3 June</i> , 1950, that I last saw the deceased alive on <i>2 June</i> , 1950, and that death occurred at <i>1:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>William R. Richardson M.D.</i>				23b. ADDRESS <i>Union, Missouri</i>		23c. DATE SIGNED <i>4 June 50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>6/5/1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Union</i>		24d. LOCATION (City, town, or county) (State) <i>Union Mo</i>	
DATE REC'D BY LOCAL REG. <i>June 5-1950</i>		REGISTRAR'S SIGNATURE <i>J.T. Cooper E.F.C.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E.H. Altman</i>		ADDRESS <i>Union Mo.</i>	

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

3360

RECEIVED JUN 9 1950
District Health Officer No. 91
District File Number

AUG 10 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 _____

working under my personal supervision.

Student Embalmer No.

Signed E. F. Olman

Signed.....
Student Embalmer

Licensed Embalmer No. 1686

P. O. Address Union 7th

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.