No. 300
10.48

FILED SEP 8 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27892

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 4438 Registrar's No. 209

880
1

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jacksonville
c. LENGTH OF STAY (in this place): 6 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jacksonville

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): College Mound
d. STREET ADDRESS (If rural, give location): College Mound

**3. NAME OF DECEASED** (Type or Print)
a. (First): Alex
b. (Middle): Wiley
c. (Last): Leathers

**4. DATE OF DEATH** (Month) (Day) (Year): Aug 20, 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: March 16, 1858
**9. AGE** (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Live Stock Dealer
**10b. KIND OF BUSINESS OR INDUSTRY**: Livestock
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John R. Leathers
**13b. MOTHER'S MAIDEN NAME**: Francis Kitchen
**14. NAME OF HUSBAND OR WIFE**: Deceased.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No. (If yes, give war or dates of service): no.
**16. SOCIAL SECURITY NO.**: no.
**17. INFORMANT'S SIGNATURE OR NAME**: Will Leathers Jacksonville, Mo. ADDRESS

**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): Cardio renal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension chronic
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 442X

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): none
**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* May, 1949, *to* Aug 1, 1950, *that I last saw the deceased alive on* Aug 1, 1950, *and that death occurred at* 5.50 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Donald E Eggleston M.D.
**23b. ADDRESS**: Macon Mo.
**23c. DATE SIGNED**: 23 Aug 50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug. 22, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: College Mound Cem.
**24d. LOCATION** (City, town, or county) (State): College Mound Mo.

**DATE REC'D BY LOCAL REG.**: Aug 22. 50
**REGISTRAR'S SIGNATURE**: Leah Williams Lowe C 269
**25. FUNERAL DIRECTOR'S SIGNATURE**: Stephens & Goodding ADDRESS: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-1455
Date Filed: SEP 7 1950

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**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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.