

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29113

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>320</u>		PRIMARY REG. DIST. NO. <u>4476</u>		Registrar's No. <u>26</u>					
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>		19 <u>50</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Lloyd</u>		b. (Middle) <u>M</u>		c. (Last) <u>Leeds</u>				
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Aug. 9 1950</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Oct. 28, 1892</u>					
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Ill.</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John H. Leeds</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Leeds</u>					
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>yes... World War I</u>		16. SOCIAL SECURITY NO.					
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Leeds, Downing, Mo.</u>				ADDRESS <u>Downing, Mo.</u>							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hemorrhage from Colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>231X</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									
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) (Min.)		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 <u>Aug</u> , 19 <u>45</u> , to <u>Aug 9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 9</u> , 19 <u>50</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>R.E. Vaughn D.O.</u>				23b. ADDRESS <u>Lancaster, Mo.</u>		23c. DATE SIGNED <u>Aug 12, 1950</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Downing</u>		24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Aug 12-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Vaughn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>353</u>		ADDRESS <u>1000 E. Downing Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 15 1950
District Health Officer No. 1
District File Number 8-50-132
Date Filed AUG 17 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 *Loyle Moore*

Licensed Embalmer No. 3151

P. O. Address *Downing 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.