

No. 300  
10.48

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36712**

396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1021

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>17 years</u>		d. STREET ADDRESS (If rural, give location) <u>2700 W. Brower</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>City Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FLORIAN</u>	b. (Middle)	c. (Last) <u>LEBER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>20 Apr. 1884</u>	9. AGE (In years last birthday) <u>66</u>	# UNDER 1 YEAR <u>0</u>	# UNDER 1 HR. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>common labor</u>	11. BIRTHPLACE (State or foreign country) <u>Wathena, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Florian Leber</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bucev</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Leber</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Josephine Leber, Springfield, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>  <u>545X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANEMIA - post-op.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pyloric stenosis due to ulcer</u> DUE TO (c) <u>to ulcer</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11-13-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>pyloric stenosis due to ulcer -</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-30-1950 to 11-17-1950, that I last saw the deceased alive on 11-14-1950 and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph N. Gilles M.D. Springfield Mo</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>11-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>20 Nov 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-20-50</u>	REGISTRAR'S SIGNATURE <u>W E Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul C. Thome Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 1938

MISSOURI

**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.

Signed Ralph H. Thiem.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Missouri.....

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.