5. No. 300
. 10.48

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

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43577
5354

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital Linwood & Prospect

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oklahoma
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Watonga
d. STREET ADDRESS (If rural, give location) 119 East 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First) Dr. John b. (Middle) Brannin c. (Last) Leisure
4. DATE OF DEATH (Month) Dec (Day) 17 (Year) 50
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 13 1877
9. AGE (In years last birthday) 73 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) Retired-Clinic
10b. KIND OF BUSINESS OR INDUSTRY Medicine
11. BIRTHPLACE (State or foreign country) Saline County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph A. Leisure
13b. MOTHER'S MAIDEN NAME Nancy Keaton
14. NAME OF ~~HUSBAND~~ OR WIFE Edna S Leisure
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Beatrice L. Hagberg ADDRESS 2104 Linwood Kansas City 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) Cardiovascular (a+c) — 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) renal disease

DUE TO (c) arteriosclerosis & infection

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* obstructing prostate — 442+

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION resected in part by Dr L. Stockwell 12-8-50
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* 12-7, 1950, *to* 12-17, 1950, *that I last saw the deceased alive on* 12-17, 1950, *and that death occurred at* 6:16 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE R. R. Coffey (Degree or title) R R Coffey, M.D.
23b. ADDRESS 1103 Grand
23c. DATE SIGNED 12-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 20 1950
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 12-20-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons ADDRESS 1331 Brush Creek Blvd Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 21 1951

12:30 p.m.

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 Robert E Hezron working under my personal supervision.

Student Embalmer No. 394

Signed Robert E. Hezron
Student Embalmer

Signed John C. Frahing

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.