

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1088 25962  
State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>359</u>		PRIMARY REG. DIST. NO. <u>16220</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Arceadia, Kans Rural</u>		c. LENGTH OF STAY (In this place) <u>63 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Arceadia, Kans R.F.D</u>		OR TOWN <u>HARRISON TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Arceadia, Kans R.F.D</u>				d. STREET ADDRESS (If rural, give location) <u>North of Arceadia 6 miles</u>					
3. NAME OF DECEASED (Type or Print) <u>GEORGE M LEATHERMAN</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 15, 1865</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. KIND OF BUSINESS OR INDUSTRY <u>San Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. BIRTHPLACE (State or foreign country) <u>Lima, Ohio</u>	
13a. FATHER'S NAME <u>Adam Leatherman</u>			13b. MOTHER'S MILDEN NAME <u>Luiza Binkley</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Leatherman</u>			
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 <u>Etis Leatherman</u>				ADDRESS <u>Garland, Kan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC BRONCHIAL ASTHMA.</u>						<u>SEVERAL YRS.</u>	
		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. <u>SENILE DECAY.</u>						*****	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241 X</u>						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 <u>6 / 15 / 19 51</u> to <u>6 / 17 / 19 51</u> , that I last saw the deceased alive on <u>6 / 17 / 19 51</u> , and that death occurred at <u>330 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. C. Albright, M.D.</u>				23b. ADDRESS <u>GARLAND, KANSAS.</u>		23c. DATE SIGNED <u>6/17/51.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Hill</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. Arceadia, Kans</u>			
DATE REC'D BY LOCAL REG. <u>June 16 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.P. Moonchon</u>		ADDRESS <u>Arceadia, Kans</u>			

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 3 1951

Dist. File 221-1298

Date Filed 2-13-57

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 Myself

working under my personal supervision.

Student Embalmer No.....

Signed N.T. Moonahan

Signed.....  
Student Embalmer

Licensed Embalmer No. 3616

P. O. Address Arcadia, Kansas

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.