

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36076

State File No.

FILED OCT 31 1951

BIRTH NO. _____ REG. DIST. NO. 32C PRIMARY REG. DIST. NO. 6109 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY OR TOWN <u>RURAL UNION TN</u>		c. CITY OR TOWN <u>RURAL UNION TN</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSS</u>	b. (Middle) <u>A</u>	c. (Last) <u>LEACH</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>OCT. 3 1951</u>

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>Aug 4 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>SCOTLAND Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>WILLIAM LEACH</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN SHELLEY</u>	14. NAME OF HUSBAND OR WIFE <u>EFFIE A LEACH</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Effie A Leach</u>	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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>1 MO.</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.			

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 Aug 30, 1951, to Oct 3rd, 1951, that I last saw the deceased alive on Oct 3rd, 1951, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>E E Shelley MD</u>	22b. ADDRESS <u>Memphis, Mo.</u>	22c. DATE SIGNED <u>Oct 6</u>
--	----------------------------------	-------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Oct-6-</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Pleasant Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Scotland County Mo</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10/13/51</u>	REGISTRAR'S SIGNATURE <u>OTM Baker 407</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W B Payne & Sons</u>	ADDRESS <u>Memphis</u>
--	--	--	------------------------

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

Date Received: OCT 27 1961
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1940
Date Filed: OCT 30 1961

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 _____



Licensed Embalmer No. 2196

P. O. Address Memphis

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.