

FILED MAR 21 1952

STANDARD CERTIFICATE OF DEATH

11683

State File No. 54

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sikeston</b>	
c. LENGTH OF STAY (If this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Mo. Delta Comm. Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charles</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Leech</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-3-1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-28-1893</b>	9. AGE (in years last birthday) <b>58</b>	if UNDER 1 YEAR Months <b>7</b>	if UNDER 1 YEAR Days <b>2</b>	if UNDER 1 YEAR Hours <b></b>	if UNDER 1 YEAR Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Eng. Corp.</b>	11. BIRTHPLACE (State or foreign country) <b>East Prairie, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Samuel Leech</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Rutter</b>	14. NAME OF HUSBAND OR WIFE <b>Annie E. Leech</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Annie E. Leech, Sikeston, Missouri</b>	ADDRESS <b>R. 2</b>
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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  <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 **2/29**, 19**52** to **3-3**, 19**52**, that I last saw the deceased alive on **3-3**, 19**52**, and that death occurred at **12:45** p.m., from the causes and on the date stated above.

23. SIGNATURE <b>Thomas C. M. Cleve M.D.</b>	(Degree or title)	23b. ADDRESS <b>Sikeston, Mo</b>	23c. DATE SIGNED <b>3/5/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-5-52</b>	24c. NAME OF CEMETERY OR CREMATORIAL <b>Thomas Cleve Jones Burial Home</b>	24d. LOCATION (City, Town, or Township) (State) <b>Sikeston, Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-19-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Henry Jones</b>	ADDRESS <b>Sikeston, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

POST 17 701

JUL 17 1955

JUL 7 1955

RECEIVED MAR 17 1955  
SCOTT COUNTY HEALTH CENT  
CO. FILE NO. 352-77

**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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Sturton

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.

MAR 23 1955