

No. 300  
10.48

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11924

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5035 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Saling</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Saling</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>RFD Centralia, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Centralia, Missouri</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BELIA</u>	b. (Middle) <u>GERTRUDE</u>	c. (Last) <u>LEACH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-7-1882</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (State or foreign country) <u>Milo, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Edgar Armstrong</u>	13b. MOTHER'S MAIDEN NAME <u>Arbelian Vance</u>	14. NAME OF HUSBAND OR WIFE <u>James Monroe Leach</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give way or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>495-30-4696</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. M. Leach</u> ADDRESS <u>Centralia, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u>		Unknown
	ANTECEDENT CAUSES DUE TO (b) <u>Mitral stenosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial hypertension</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 April 26 1946, to April 13, 1952, that I last saw the deceased alive on April 12, 1952, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Lachance</u> M. D.	23b. ADDRESS <u>110 W. Sneed Centralia, Missouri</u>	23c. DATE SIGNED <u>4/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 16 1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill D. Meadows</u> ADDRESS: <u>Centralia, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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6/21/62

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Bill J. Meador*

Signed.....

Student Embalmer

Licensed Embalmer No. 4876

P. O. Address. Centralia, 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.