

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24870

State File No. ....

FILED JUL 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 130

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond Rt. 1</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond Rt. 1, Jackson Twn.</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Township</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>Lee</u> c. (Last) <u>Leka</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9 1952</u>		
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>July 14, 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>
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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newton Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>L.H. Krutsinger</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda C Pickle</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Frank Leka</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Frank Leka</u> ADDRESS <u>Rt. 1 Diamond</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mo</u> <u>3 yrs</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>Apr 26, 1952</u> to <u>July 9, 1952</u> , that I last saw the deceased alive on <u>July 9, 1952</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>George H. Wood M.D.</u> (Degree or title)			23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>7/10/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-13-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Diamond Missouri</u>
DATE REC'D BY LOCAL REG. <u>7-11-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u> ADDRESS <u>Carthage Mo.</u>	

7/14

Health Office

County File Number 561

Date Filed 7/16/52

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 William B. Conrath

Licensed Embalmer No. 4820

P. O. Address Carthage, 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.