

1952 AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25396

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ralls, 0870</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls, 0870</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Center Township) 50Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri, R.F.D. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Center, Mo R.F.D.</u>		d. STREET ADDRESS (If rural, give location) <u>Center Township.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Clyde</u> c. (Last) <u>Leake.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July, 21, 1952.</u>
5. SEX <u>Male ♂</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed, 2</u>	8. DATE OF BIRTH <u>Sept. 30, 1871</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>9</u>	11. DAYS <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County, Mo 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Gabriel Leake</u>	
13b. MOTHER'S MAIDEN NAME <u>Francis J. Rhodes.</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Barbara Leake</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 ADDRESS <u>Mrs Richard Wisner, Center, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Magnesium Deficiency (Acute)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis (Chronic)</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Unknown</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 yrs</u>		19a. DATE OF OPERATION <u>None</u>	
19b. MAJOR FINDINGS OF OPERATION <u>None</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>July 12, 1952, to July 21, 1952</u> ; that I last saw the deceased alive on <u>July 21, 1952</u> , and that death occurred at <u>1:30P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Brooks Jr. D.O. 2</u>		23b. ADDRESS <u>Center, Missouri.</u>	23c. DATE SIGNED <u>7-22-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>7-23-52</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Wilkey, Perry, Mo.</u>	

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

PPP 2

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 Alyce Wilkey
Licensed Embalmer No. 3820

P. O. Address Perry 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.