

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28142

State File No.

3700

FILED AUG 30 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson <u>048</u>	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City, Mo.		c. LENGTH OF STAY (In this place) 6 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit, Missouri <u>1</u>	
		d. STREET ADDRESS (If rural, give location) 305 E. 5th. <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Maude c. (Last) Leach			4. DATE OF DEATH (Month) (Day) (Year) 8 18 1952		
5. SEX F. <u>1</u>		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	
8. DATE OF BIRTH July 28, 1884		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Nevada, Missouri <u>0</u>	
				12. CITIZEN OF WHAT COUNTRY? u.S.A.	

13a. FATHER'S NAME Luther Current		13b. MOTHER'S MAIDEN NAME Sarah E. Curnutt		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilma Woods, Lee's Summit, Mo.	
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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.		Primary I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Stomach, perforated, ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarct,			INTERVAL BETWEEN ONSET AND DEATH 4 mo 15 yrs
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Minute)		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 8/11/52, 1952, to 8/18/52, 1952, that I last saw the deceased alive on 8/17, 1952, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE Mark Dodge (Degree or title) MD		23b. ADDRESS 4635 Wyandotte		23c. DATE SIGNED 8/18/52	
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE 8-20-1952		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit		24d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.	
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DATE REC'D BY LOCAL REG. 8-19-52		REGISTRAR'S SIGNATURE Heraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE W.B. Long, Lee's Summit		ADDRESS Lee's Summit, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
W. B. Longford

Signed.....
Student Embalmer

Licensed Embalmer No. *3833*

P. O. Address *Leis Summit*

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.