S. No. 300
v. 10.48

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 207

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 4

5105

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Noyes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 0043
d. STREET ADDRESS (If rural, give location): 203 Bolivar Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Leake

4. DATE OF DEATH (Month) (Day) (Year): January 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1892
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.E.A.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ralls County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John A Leake
13b. MOTHER'S MAIDEN NAME: Frances O'Brian
14. NAME OF HUSBAND OR WIFE: Mrs. Eula Leake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mr. William Leake ADDRESS: Expired

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) Duodenal ulcer with Pyloric Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 months

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.* Severe electrolyte imbalance (hypopotassemia) — 5410

19a. DATE OF OPERATION: 12/26/52 and 2/30/52
19b. MAJOR FINDINGS OF OPERATION: 1. Duodenal ulcer c̄ pyloric obstruction 2. Paralytic ileus
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-24-52, 19__, *to* 1-7-, 1953, *that I last saw the deceased alive on* 1-7-, 1953, *and that death occurred at* 2:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John J. Modlin (Degree or title): M.D.
23b. ADDRESS: Professional Bldg Columbia Mo
23c. DATE SIGNED: 1-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Brandan
24d. LOCATION (City, town, or county) (State): Mexico Mo

DATE REC'D BY LOCAL REG.: Jan 7 1953
REGISTRAR'S SIGNATURE: Mrs. R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Parker Funeral Service ADDRESS: Columbia Mo

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed J W R Kellogg

Licensed Embalmer No. 4897

P. O. Address Columbia 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.