

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1854

State File No. 3513357

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. <u>2001</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>3 HRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GOODMAN</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u>		b. (Middle) <u>LEE</u>	c. (Last) <u>LEACH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 28, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR: Months _____ Days _____
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>DOMESTIC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>STOCKTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK BRASHER</u>		13b. MOTHER'S MAIDEN NAME <u>DORA MOVERLER</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN LEACH</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EVERETT TAYLOR</u>		ADDRESS <u>DILTON, OK.</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, aneurysm, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident.</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>central arteriosclerosis</u> <u>unknown</u> DUE TO (c) <u>senility</u> <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>5:30 PM Jan 20</u> , 19 <u>53</u> , to <u>Jan 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 20</u> , 19 <u>53</u> , and that death occurred at <u>9:27</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Edward T. Smith MD</u>			23b. ADDRESS <u>Emile Building Joplin Missouri</u>		23c. DATE SIGNED <u>1-27-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>OILTON OKLA.</u>	
DATE REC'D BY LOCAL REG. <u>1-22-53</u>	REGISTRAR'S SIGNATURE <u>Dr. O. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter G. ...</u>		ADDRESS <u>Joplin Mo</u>

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

6495
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RECEIVED 1-26-53
Jasper County Health Office

County File Number 53/1/87

Date Filed 1-26-53

JUN 2 9 1953

OCT 3 1961

OCT 2 1961

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
Student Embalmer

Student Embalmer No. _____

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin 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.