

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **8623**

FILED APR 7 1953

| | | | | | | | | | |
|--|---------------------------|--|---|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>116</u> | | | |
| 1. PLACE OF DEATH a. COUNTY Adair | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lewis | | | | | |
| b. CITY OR TOWN Kirksville | | c. LENGTH OF STAY (in this place) 2 yrs. | | c. CITY OR TOWN Rural (Hyland) | | 0560/ | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home | | | | d. STREET ADDRESS (If rural, give location) 3 mile east of Ewing, Mo. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Albert | | | b. (Middle) Payton | | c. (Last) Leach | | 4. DATE OF DEATH (Month) (Day) (Year) 3 17 53 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Apr. 28, 1873 | 9. AGE (In years last birthday) 80 | 10. UNDER 1 YEAR Months Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY General Farm | | 11. BIRTHPLACE (State or foreign country) Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Ivan P. Leach | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Banarsgall | | 14. NAME OF HUSBAND OR WIFE Lucy Elvora Leach (n) | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Ira Leach | | ADDRESS Palmyra, Mo. | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Pneumonia DUE TO (c) And Pyelonephritis | | | | | |
| 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 | | | | | | 20. AUTOPSY? 491X YES <input checked="" 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) (Min.) | | 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 APR. 3 , 1952, to MAR 17 , 1953, that I last saw the deceased alive on MAR 17 , 1953, and that death occurred at 2: A m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) David W. Boone MD | | | | 23b. ADDRESS Kirksville, Mo. | | 23c. DATE SIGNED MAR 18-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-18-53 | | 24c. NAME OF CEMETERY OR CREMATORY Dover Cemetery | | 24d. LOCATION (City, town, or county) (State) Lewis County, Mo. | | | |
| DATE REC'D BY LOCAL REG. 4-1-53 | | REGISTRAR'S SIGNATURE Kate Lambert | | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas L. Ball | | ADDRESS Ewing, 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..... *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.