

# STANDARD CERTIFICATE OF DEATH

 State File No. **8856**

FILED MAR 30 1953

BIRTH NO.

REG. DIST. NO. **42**PRIMARY REG. DIST. NO. **1000**Registrar's No. **351**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Forest City - Rural</b> <b>0440</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital no 2</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Ike</b> b. (Middle) <b>Leach</b> c. (Last) <b>Leach</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 21 1953</b>
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>not given</b>
<b>9. AGE</b> (In years last birthday) <b>36</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>farming</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>not given</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>not given</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>not given</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Harold Leach</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Dysphilitic meningitis encephalitis</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <b>Dysphilia</b> DUE TO (c)	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Jan 1, 1952</u>, to <u>March 21, 1953</u>, that I last saw the deceased alive on <u>March 21, 1953</u>, and that death occurred at <u>6:25 P.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Farrest Thomas M.D.</b>		<b>23b. ADDRESS</b> <b>St Joseph Mo 7, State Hospital Mo</b>	
<b>23c. DATE SIGNED</b> <b>3/21-53</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	
<b>24b. DATE</b> <b>3-21-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Forest City</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Forest City, Mo</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>James H Pettigrew</b>	
<b>25. ADDRESS</b> <b>Oregon Mo</b>		<b>DATE REC'D BY LOCAL REG.</b> <b>March 25, 1953</b>	
<b>REGISTRAR'S SIGNATURE</b> <b>Edith M. Allison</b>		<b>483</b>	

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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

*James H. Pettijohn*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3192

P. O. Address Oregon 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.