

21239

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

JUN 22 1953

BIRTH NO. REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4188 Registrar's No.

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp.	
c. LENGTH OF STAY (In this place) 9 mos.		d. STREET ADDRESS (If rural, give location) Bland, Mo. Rt. 6370	
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 E Peters Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Casper b. (Middle) Edgar c. (Last) Leach		4. DATE OF DEATH (Month) (Day) (Year) April 12, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 15, 1914
9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. 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 farm	
11. BIRTHPLACE (City and State or Foreign Country) Cooper Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Leach		13b. MOTHER'S MAIDEN NAME Rosa C. Redden Leach	
14. NAME OF HUSBAND OR WIFE Mrs. Pearl Leach (Bacon)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War II		16. SOCIAL SECURITY NO. 489-18-3882	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Leach		ADDRESS Owensville, 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) Adenocarcinoma of stomach INTERVAL BETWEEN ONSET AND DEATH 17 mos. 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. 151X	
19a. DATE OF OPERATION 11-26-51		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of stomach with metastases	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bus, 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 11-26 , 1951, to 4-12 , 1953, that I last saw the deceased alive on 4-12 , 1953, and that death occurred at 3 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Percy Brant, M.D.		23b. ADDRESS Owensville, Mo.	
23c. DATE SIGNED 4-13-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-15-1953	
24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery		24d. LOCATION (City, town, or county) (State) New Woollam, Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Walter H. H. Winter		ADDRESS OWENSVILLE	
DATE RECD BY LOCAL REG. JUN 22 1953		REGISTRAR'S SIGNATURE Blayne A. Brant	

(Licensed Embalmer's Statement of Reverse Side)

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

JUL 7 1953.

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 MR

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.