

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED FEB 9 1954** REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 6 hrs 45 min		d. STREET ADDRESS (If rural, give location) 630 Troost	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR VA Hospital Veterans Administration INSTITUTION Excelsior Springs, Missouri			

3. NAME OF DECEASED a. (First) LEONARD (Type or Print)			b. (Middle) R			c. (Last) HOLDER			4. DATE OF DEATH (Month) (Day) (Year) January 7 1954		
5. SEX Male			6. COLOR OR RACE Negro			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced			8. DATE OF BIRTH October 6, 1896		
9. AGE (In years last birthday) 57			IF UNDER 1 YEAR Months			IF UNDER 1 YEAR Days			IF UNDER 1 Wks. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Common			11. BIRTHPLACE (City and State or Foreign Country) Woodlawn, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME ED HOLDER		13b. MOTHER'S MAIDEN NAME LOUELLA SCOTT		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Yes-Not rem.		17. INFORMANT'S SIGNATURE OR NAME VA Hospital records ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Unknown	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far advanced, active.		ANTECEDENT CAUSES advanced, active.					
		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.						aa RK	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)		002X	
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 **1-6**, 1954, to **1-7**, 1954, and that death occurred at **2:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. (Degree or title)		23b. ADDRESS VA Hospital Excelsior Springs, Missouri		23c. DATE SIGNED 1-8-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-11-54		24c. NAME OF CEMETERY OR CREMATORY F. C. Davis Undertaking		24d. LOCATION (City, town, or county) (State) St. Leavenworth Kans.	
DATE REC'D BY LOCAL REG. 1-16-54		REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE DeNon (Frank) Cameron, Mo. ADDRESS			

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

2002
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JAN 26 1954

RECEIVED
FEB 2 1954

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

Harold R. Walker

Licensed Embalmer No. 4588

P. O. Address

Lathrop, 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.