

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8774**
1446

FILED APR 14 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1446</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warwick Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>15 E 30th 3448 D</u>			
3. NAME OF DECEASED (Type or Print) <u>ELLEN</u>		a. (First) <u>ELLEN</u>		b. (Middle) <u>M</u>		c. (Last) <u>LEONARD</u>	
4. DATE OF DEATH <u>March 30 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>October 16 1866</u>		9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Raleigh North Carolina U.S.A</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Salomon Cecil</u>	
13b. MOTHER'S MAIDEN NAME <u>Edith Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Leonard</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>Miss Shirley Gillespie</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral hemorrhage</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) <u>Hypertensive cardiovascular disease</u>		20 years	
DUE TO (c) <u>Arteriosclerosis - generalized</u>		20 years		21. HOW DID INJURY OCCUR?		4743X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 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"/>	
22. I hereby certify that I attended the deceased from <u>9-5</u> , 19 <u>54</u> , to <u>March 30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>March 25</u> , 19 <u>54</u> , and that death occurred at <u>7:10 P</u> m., from the causes and on the date stated above.				23. SIGNATURE <u>W. W. Dodson</u> (Degree or title)		23b. ADDRESS <u>Kansas City, Mo.</u>	
23c. DATE SIGNED <u>3/31/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Funeral Home</u>		25. ADDRESS <u>2215 Linwood</u>		DATE REC'D BY LOCAL REG. <u>3-31-54</u>	
REGISTRAR'S SIGNATURE <u>Stardline Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE		25. ADDRESS		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

11/11/07
Prof. Kelly

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.....
Signature of Student Embalmer

Signed. *Chas. E. Wilks*

Licensed Embalmer No. *264*
P. O. Address *1907 M.D.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.