

STANDARD CERTIFICATE OF DEATH

State File No. 9498

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY NEWTON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY NEWTON		
b. CITY (If outside corporate limits, write RURAL and give township) Neosho		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Neosho		d. Is 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 579 No. Wood St.			e. STREET ADDRESS (If rural, give location) 579 No. Wood St.		
3. NAME OF DECEASED (Type or Print) a. (First) BERT b. (Middle) LEACH c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAR. 9. 1954		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 25. 1880	9. AGE (In years last birthday): 73	IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) Dayies County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME A.M. Leach.		13b. MOTHER'S MAIDEN NAME EMMA MOWN	14. NAME OF HUSBAND OR WIFE ANNE LEACH.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANNE LEACH Neosho 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.	18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Cerebral Hemorrhage 5 mo				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION + 90 X				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)	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 Oct 5, 1952 , to Mar 9, 1954 , that I last saw the deceased alive on Mar 9, 1954 and that death occurred at 10:15 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE C. B. Manser MD		(Degree or title) D	23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 3-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-12-1954	24c. NAME OF CEMETERY OR CREMATORY BELFAST	24d. LOCATION (City, town, or county) (State) Newton County Missouri		
DATE REC'D BY LOCAL REG. 3-15-54	REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lonley Thompson & Co. Neosho Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

NEWTON COUNTY HEALTH UNIT

District File Number 354-50

Date Filed MAR 19 1954

NEOSHO, MISSOURI

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 Lay R Adams

Licensed Embalmer No. 492

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