

FILED MAY 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12407

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>181</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>22 DYS</u>		c. CITY OR TOWN <u>JOPLIN</u>		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 <u>ST. JOHN'S HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>2431 VIRGINIA</u>				
3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>HARLEY</u> c. (Last) <u>LEACH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 22 1954</u>					
5. SEX <u>MALE</u>		6. COLOR, OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 25, 1891</u>		
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RY-CLERK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CARL JUNCTION MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
10a. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>		13a. FATHER'S NAME <u>ALVIN LEACH</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH UTTERBACH</u>		14. NAME OF HUSBAND OR WIFE <u>MABEL LEACH</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MABEL LEACH JOPLIN</u>				
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) <u>General carcinomatosis.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of the ampulla vater.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>155X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>4 years.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Resected ampulla vater in 1950 with a diagnosis of carcinoma. Gastrectomy in 1951 with diagnosis of adenocarcinoma of the stomach.</u>					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 <u>October</u> , 19 <u>50</u> , to <u>Apr. 22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Apr. 22</u> 19 <u>54</u> , and that death occurred at <u>10:20 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert Taylor MD</u>				23b. ADDRESS <u>410 Jackson Ave., Joplin, Mo.</u>		23c. DATE SIGNED <u>4-24-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARL JUNCTION CEM</u>		24d. LOCATION (City, town, or county) (State) <u>CARL JUNCTION MO</u>		
DATE REC'D BY LOCAL REG. <u>4-28-54</u>		REGISTRAR'S SIGNATURE <u>W. S. Jamney 138</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Jamney 138 Joplin</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1954

MAY 5

RECEIVED MAY 3 1954
Jasper County Health Office
County File Number 24-5-335
Date Filed MAY 3 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.....
Signature of Student Embalmer

Signed *Dale Glover*.....

Licensed Embalmer No. 45.....

P. O. Address *Joplin*.....

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.