

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1954

State File No. **14981**

BIRTH NO. 2487-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 564

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 3 hrs. n.	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 Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 2638 Lafayette St.	
3. NAME OF DECEASED (Type or Print) INFANT		a. (First) LEACH	b. (Middle)
c. (Last) LEACH		4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 5-28-1954
9. AGE (In years) (last birthday) 0		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 3 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Carl F. Leach	
13b. MOTHER'S MAIDEN NAME Fern Mae Woolford		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Leach, 2638 Lafayette St.			

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 St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) foreclosure (BFA)		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776 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 5/28, 1954, to 5/28, 1954, that I last saw the deceased alive on 5/28, 1954, and that death occurred at 5:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John C. ...** 23b. ADDRESS **420 N. 82nd St. Joplin Mo.** 23c. DATE SIGNED **5-29-1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5-29-1954** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. **June 7, 1954** REGISTRAR'S SIGNATURE **Kathleen M. Allison** 485-**2** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John C. Rupp, St. Joseph, Mo.**
(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~on~~ *body was not embalmed*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John E. Rupp*

Licensed Embalmer No. *39*

P. O. Address *H. J. ...*

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.