

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16939

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5992 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Lincoln Township</u>)	c. LENGTH OF STAY (in this place) <u>Life time</u>	c. CITY OR TOWN	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rural Unionville</u> <u>0860</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Ashberry</u> c. (Last) <u>Leech</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 23 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>I</u>	IF UNDER 24 HRS. Days <u>7</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Leech</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Haines</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Leech</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mike Edward Leech</u> ADDRESS <u>Unionville, Mo. R.F.D.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 Min.</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion & infarct</u>	DUE TO (b) <u>arteriosclerosis</u>	
	DUE TO (c) <u>hypertension</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 30 1954 to May 30 1954, that I last saw the deceased alive on May 30 1954, and that death occurred at 1 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. L. Judd</u> (Print name)	23b. ADDRESS <u>Unionville, Mo</u>	23c. DATE SIGNED <u>6/1/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 2 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shoney Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-5-54</u>	REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral Home</u> ADDRESS <u>Unionville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....*James W. Omatach*

Licensed Embalmer No. *419*

P. O. Address *Guineville*

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.