

19342

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUN 22 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 2615

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) <u>Joplin</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"/>
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>107 E. 7th Street,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HIRAM</u> b. (Middle) <u>D.</u> c. (Last) <u>LEONARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July 18, 1889</u>		9. AGE (In years last birthday) <u>64</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motor Machinery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles H. Leonard</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Kencke</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie Heaton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-22-0585</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Leonard, Pittsburg, Kansas</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of throat (with trachea)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 mo</u>
	ANTECEDENT CAUSES <u>Asphyxial fistula</u>		
	DUE TO (b) <u>Obstruction of Larynx</u>		
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 <u>12-7-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Larynx. 10/1 X</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 Nov - 16, 1953 to June 9, 1954, that I last saw the deceased alive on June 8, 1954, and that death occurred at 2:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold D. Jones M.D. F.A.C.S.</u> (Degree or title)	23b. ADDRESS <u>617 Joplin St.</u>	23c. DATE SIGNED <u>June 11, 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waco Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Waco, Jasper, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-17-54</u>	REGISTRAR'S SIGNATURE <u>Harold D. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary</u>	ADDRESS <u>Joplin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

22. Remarks: Diagnosis was made on above date, patient was referred to Dr. Kirschman who did the surgery. I saw him in terminal state in Dr. Kirschman's absence, but had followed the case with him.

WINFRED L. POST, M.D., FACS, FICS

W. Post
RECEIVED JUN 21 1954
Jasper County Health Office
County File Number 54-6-46
Date Filed JUN 21 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..... *David Dillon*

Licensed Embalmer No...389

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.