

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10954**

0020
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>5700</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Bates.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Bates.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, West Boone Twp.</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, West Boone Twp. 0070</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles S/E Drexel, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u> b. (Middle) <u>HONTZ.</u> c. (Last) _____			4. DATE (Month) (Day) (Year) DEATH <u>Apr-21-1955.</u>						
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>Apr. 13, 1887</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Builder.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri City, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Not Known.</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known.</u>		14. NAME OF HUSBAND OR WIFE <u>Viola M. Hontz.</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> <u>None.</u>		16. SOCIAL SECURITY NO. <u>513-09-1727</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Rusom Drexel, Mo.</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>CORONARY OCCLUSION</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>(1 DAY)</u> <u>(ACUTE)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>4/21</u> , 19 <u>55</u> , to <u>Apr. 21, 1955</u> , that I last saw the deceased alive on <u>Apr. 21, 1955</u> , and that death occurred at <u>4:20P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ed Marsh</u> <u>D.O.</u>				23b. ADDRESS <u>Drexel, Missouri.</u>		23c. DATE SIGNED <u>4/22/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/22/55.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>			
DATE REC'D BY LOCAL REG. <u>4/22/55.</u>		REGISTRAR'S SIGNATURE <u>F. E. Torrance</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Drexel, Mo.</u>			

STATEMENT BY LICENSED EMBALMER

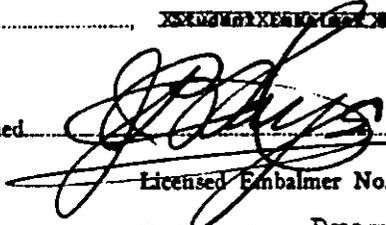
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXXXX~~

~~XXXXXXXXXXXXXXXXXX~~ No.

~~working under my XXXXXXXX supervision.~~

Student .. ~~XXXXXXXXXXXXXXXXXXXX~~ ..
Student Embalmer

Signed



Licensed Embalmer No. 1950

P. O. Address Drexel, 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 this body is not embalmed, fact should be so stated above.