

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18786

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 2499

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 13 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1		c. CITY OR TOWN Kansas City	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) L.	
		c. (Last) Leonhart	
4. DATE OF DEATH (Month) (Day) (Year) 6 10 55		5. STREET ADDRESS (If rural, give location) 4924 Bellefontaine	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-29-75
9. AGE (to years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	11. BIRTHPLACE (City and State or Foreign Country) Fayette Co., Iowa
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME William Leonhart		13b. MOTHER'S MAIDEN NAME Katherine Livengood	14. NAME OF HUSBAND OR WIFE Mary Leonhart
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. —	17. INFORMANT'S SIGNATURE OR NAME Mary Leonhart
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS 4924 Bellefontaine	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, primary site und.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1999	
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
3. 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	
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 5-23-1955, to 6-10-1955, that I last saw the deceased alive on 6-10-1955 and that death occurred at 7:05 p. m., from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns M.D.		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 6-10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JUNE 11-55	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) OSCEOLA MISSOURI	
DATE REC'D BY LOCAL REG. 6-11-55		REGISTRAR'S SIGNATURE New Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer		1371 Broadway Club H.E. 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John T. Quinn*.....

Licensed Embalmer No. *445*.....

P. O. Address *Hannover Co*.....

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.