

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22693**

No. 300  
10.48

FILED JUL 25 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5611 Registrar's No. 17

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Post Oak, Missouri</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence, Post Oak, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Post Oak, Mo.</u>	
d. STREET ADDRESS <u>Post Oak,</u>		(If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>L.</u> c. (Last) <u>LEIHY</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 18th, 1955</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Divorced,</u>	<b>8. DATE OF BIRTH</b> <u>April, 2, 1886</u>
<b>9. AGE</b> (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Johnson County, Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Merchant,</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>General Store,</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Charles Sumner Leihy,</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Eliza Alice Egbert,</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Divorced,</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Clar E. Leihy, Kansas City, Kansas.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u> ANTECEDENT CAUSES <u>Pericardial Vasculer Disease</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) _____ DUE TO (c) <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>  <u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>7-18</u>, 19<u>55</u>, to <u>7-18</u>, 19<u>55</u>, that I last saw the deceased alive on <u>7-18</u>, 19<u>55</u>, and that death occurred at <u>10:45P</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>Warrensburg, Mo</u>	<b>23c. DATE SIGNED</b> <u>7-19-55</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>7-21-1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Pleasant Grove Cemetery,</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Knobnoster, Missouri.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>7/20/55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>J.W. Cook</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>R.A. Brauningner,</u> ADDRESS <u>Warrensburg, Mo.</u>	

RECEIVED  
JUL 23 1955  
ALBERT

JOHNSON COUNTY HEALTH DEPT.

**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 .....  
Student Embalmer

Signed W. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg

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.