

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33898**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3083 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick, Mo.	
c. LENGTH OF STAY (In this place) 10 Days		d. STREET ADDRESS (If rural, give location) 0890 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) E. c. (Last) Leake			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Aug. 19, 1873		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rural Orrick, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Walter S. Leake		13b. MOTHER'S MAIDEN NAME Margaret Bellis		14. NAME OF HUSBAND OR WIFE Never Married	
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 ADDRESS Mrs. Minnie Miller Orrick, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		DUE TO (b) _____			11 da.	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Myocardial damage			4222	
11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		Diabetes mellitus				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		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 Oct. 5, 1955, to Oct. 16, 1955, that I last saw the deceased alive on Oct. 16, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ben H. Brasher M.D.		23b. ADDRESS Lexington, Mo.		23c. DATE SIGNED 10/19/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 18, 1955		24c. NAME OF CEMETERY OR CREMATORY South Point	
24d. LOCATION (City, town, or county) (State) Orrick, Mo.					

DATE REC'D BY LOCAL REG. 10-25-55		REGISTRAR'S SIGNATURE Clayde A. Bridger		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. W. Good Orrick, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

