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FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37397

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Dickerson	c. LENGTH OF STAY (in this place) 30 das.	c. CITY OR TOWN Canton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Prairie View Rest Home		e. STREET ADDRESS (If rural, give location) 401 N.4th	

3. NAME OF DECEASED (Type or Print) a. (First) Cora	b. (Middle) Lois	c. (Last) Leach	4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bellaire, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Liverton Lockwood	13b. MOTHER'S MAIDEN NAME Mary Walter	14. NAME OF HUSBAND OR WIFE Peter Leach
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Iowa Mrs. Albert Sindaler, Davenport,
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary insufficiency DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **10/11/1955**, to **11/13, 1955**, that I last saw the deceased alive on **11/13, 1955** and that death occurred at **11:50 p.m.** from the causes and on the date stated above.

23a. SIGNATURE W B Dodson (Degree or title) D.O.	23b. ADDRESS Canton, Mo.	23c. DATE SIGNED 11/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Wyaconda Baptist Ceme.	24d. LOCATION (City, town, or county) (State) Canton, Lewis Co., Mo.
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DATE REC'D BY LOCAL REG. 11-17-55	REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul A. Hankley, Canton, Mo.
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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 *Earl H. Buckley*

Licensed Embalmer No. *761*

P. O. Address *Canton, ..*

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.