

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20939**

State File No. \_\_\_\_\_

**FILED JUL 11 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 100

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>JASPER</b>	b. CITY (If outside corporate limits, write RURAL and give township) <b>WEBB CITY</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>JASPER</b>
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>JOPLIN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JANE CHINN HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2525 NORTH RANGE LINE</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>GEORGE</b>	b. (Middle) <b>W</b>	c. (Last) <b>LEIMAN</b>	<b>4. DATE OF DEATH</b>	(Month) <b>JULY</b>	(Day) <b>5</b>	(Year) <b>1956</b>
--	-----------------------------	-------------------------	----------------------------	-------------------------	------------------------	-------------------	-----------------------

<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED, MARRIED</b> (Specify)	<b>8. DATE OF BIRTH</b> <b>APRIL 5 1874</b>	<b>9. AGE</b> (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 YEAR Days <b>0</b>	IF UNDER 1 YEAR Hours <b>0</b>	IF UNDER 1 YEAR Min. <b>0</b>
------------------------------	---	---	--	---	---------------------------------------	-------------------------------------	--------------------------------------	-------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>MERCHANT RETIRED</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>GROCERY STORE</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>HICKMAN KENTUCKY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>
---	--	--	---

<b>13a. FATHER'S NAME</b> <b>JOHN LEIMAN</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>NO DATA</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>ELSIE LEIMAN</b>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ELSIE LEIMAN</b>	<b>ADDRESS</b> <b>JOPLIN MO</b>
--	---	---	------------------------------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Circulatory collapse</u>			<b>Immediate</b>
<b>ANTECEDENT CAUSES</b>			
<b>DUE TO (b)</b> <u>Chronic coronary insufficiency</u>			<b>one year</b>
<b>DUE TO (c)</b> <u>Prostatism</u>			<b>four years</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b>			
<b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <u>Chronic glomerular nephritis</u>			<b>Two years</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>None</b>	<b>20. AUTOPSY?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <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>JOPLIN MO</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>4201</b>
---	--	--

**22. I hereby certify that I attended the deceased from May 20, 1956, to July 5, 1956, that I last saw the deceased alive on July 4, 1956, and that death occurred at 7:55A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>R. A. Maloney</i> D.O. <u>2</u>	<b>23b. ADDRESS</b> <b>Joplin, Mo.</b>	<b>23c. DATE SIGNED</b> <b>7/6/56</b>
---	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>7/7/1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>SARCOXIE CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>SARCOXIE MO</b>
---	-------------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>7-7-56</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mrs. Madeline Switzer</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>HEDGE-LEWIS FUNERAL HOME</i>	<b>ADDRESS</b> <b>WEBB CITY, MO</b>
--	--	--	--

(Licensed Embalmers' Statement on Reverse Side)

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

0.300  
0.48

78

County File Number  
Date Filed JUL 10 1956

AUG 13 1956

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 Richard Gray Lew

Licensed Embalmer No. 440

P. O. Address Webb 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.