

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24112

FILED AUG 3 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 128

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 township) OR TOWN Rural - Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Prairie	
c. LENGTH OF STAY (in this place) 56 years		d. STREET ADDRESS (If rural, give location) Leinweber Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leinweber Road		1000	

3. NAME OF DECEASED (Type or Print)	a. (First) Martin	b. (Middle) Frederick	c. (Last) Leinweber	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Mason County, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Martin Leinweber	13b. MOTHER'S MAIDEN NAME Katherine Ragle	14. NAME OF HUSBAND OR WIFE Jessie Leinweber
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. 495-42-5838	17. INFORMANT'S SIGNATURE OR NAME Jessie Leinweber, Lee's Summit, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. 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	2041	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Sept-1, 1954, to July 22, 1956 that I last saw the deceased alive on July 22, 1956, and that death occurred at 4:00 AM., from the causes and on the date stated above.

23a. SIGNATURE Christ R. Miller, M.D.	(Degree or title)	23b. ADDRESS Lee's Summit, Mo.	23c. DATE SIGNED 7-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery, Lee's Summit, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-24-1956 N. B. Langsford	25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit	ADDRESS Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

4812

JUL 14 1958

MAR 12 1958

AUG 20 1958

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. Langford

Licensed Embalmer No. 3833

P. O. Address Leis Summit

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.