

FILED AUG 9 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 24384

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon		
b. CITY (If outside corporate limits, write RURAL and give town) Macon		c. LENGTH OF STAY (In this place) 11 dys	c. CITY OR TOWN Macon		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 Samaritan Hospital			e. STREET ADDRESS (If rural, give location) 306 E. Sheridan 06110		
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) Bennett	c. (Last) Leach	4. DATE OF DEATH (Month) (Day) (Year) July 21, 1956	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar 23, 1884	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired druggist		10b. KIND OF BUSINESS OR INDUSTRY drug store	11. BIRTHPLACE (City and State or Foreign Country) Reynoldsville, Penna		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Homer Leach		13b. MOTHER'S MAIDEN NAME Marion Barclay		14. NAME OF HUSBAND OR WIFE	
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. 489-38-2194	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Riley, Macon, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Cerebral Vascular ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs 6 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 19, 1956 , to July 21, 1956 that I last saw the deceased alive on July 21, 1956 and that death occurred at 10:40 m. from the causes and on the date stated above.					
23a. SIGNATURE Lawrence Nielsen (Degree or title) MD			23b. ADDRESS Macon		23c. DATE SIGNED 7/23/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Alton Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Kansas		
DATE REC'D BY LOCAL REG. 7/26/56	REGISTRAR'S SIGNATURE Ruth M. Hooley	25. FEDERAL DIRECTOR'S SIGNATURE R. Lester Brown	ADDRESS Macon, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

1850

AUG 10 1958

AUG 16 1958

County
8.3.56
8.28.117

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 *Howard F. Myers*

Licensed Embalmer No. *449*

P. O. Address *Macon*

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.