FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38357
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 577

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA. IND. SANITARIUM — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY 3898 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3309 EAST 7 BRD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AUDREY Middle Last LEADER

4. DATE OF DEATH Month NOVEMBER Day 21 Year 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JAN 11-1928
9. AGE (In years last birthday) 28 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER
10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION Co.
11. BIRTHPLACE (City and state or country) SENECA, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Buck Leader
14. MOTHER'S MAIDEN NAME MAUDE BERNARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) ~~[illegible]~~
16. SOCIAL SECURITY NO. 549-32-4144
17. INFORMANT MRS. CAROLINE JOYCE LEADER — Address 9309 E. 73RD ST. KANSAS CITY MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Skull Fractured Ribs
DUE TO (c) Laurated Liver & Lung Hemorrhage Mediastinum
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. 9026 .6
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Fall off of Building 1.20
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 11-21-56
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Independence COUNTY Jackson STATE MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H Rivers Corner 3
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 11-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV 24-56
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, ADDRESS 1331 BRUSH CREEK KANSAS City, MO.
25. DATE RECD. BY LOCAL REG. 11-23-56
26. REGISTRAR'S SIGNATURE James S Craig

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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NOV 26 REC'D

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Chester K. Brown

Licensed Embalmer No...4.

P. O. Address...KC W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.