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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38399

FILED DEC 13 1956

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Washington — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 135th& Charlotte — Length of stay in 1b 44 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Martin City 1000 — Inside Limits Yes X No ☐
d. STREET ADDRESS 135th & Charlotte (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Laura Middle Mae Last Leach
4. DATE OF DEATH: Month 12 Day 5 Year 56
5. SEX: Fe
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: 4-8-1865
9. AGE (In years last birthday): 91 — 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): Postmaster
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Postal Dept
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Levi Draucher
14. MOTHER'S MAIDEN NAME: Mary Ann Arnold
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: Mrs.Roger Holmes, Martin City, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	18 hours
DUE TO (c)	Arterio-sclerosis H20.1F	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Multiple Bruises from fall on 12-3-56

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from 4-17-49 to 12-5-56 and last saw her alive on 12-4-56
Death occurred at 5.30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ada B. Rader (Degree or title) M.D.
22b. ADDRESS: Martin City, Missouri
22c. DATE SIGNED: 12-6-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-7-56
23c. NAME OF CEMETERY OR CREMATORY: Mt.Moriah Cemetery
23d. LOCATION (City, town, or county) (State): Hickman Mills, Mo.

24. FUNERAL DIRECTOR ADDRESS: E.K.George & Sons Inc, Grandview
25. DATE RECD. BY LOCAL REG.: 12-6-56
26. REGISTRAR'S SIGNATURE: Sterling E. Goddard

(Licensed Embalmer's Statement on Reverse Side)

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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 Sterling E. Goddard

Licensed Embalmer No. 49

P. O. Address Brandywine