

FILED JUN 11 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

16075

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Tarkio</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fairfax Community Hospital</b>				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>McCELLAN</b> Last <b>LEAP</b>			4. DATE OF DEATH <b>May 23, 1957</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 8, 1872</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret'd janitor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>college</b>	11. BIRTHPLACE (City and state or country) <b>Beemer County Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>	
13. FATHER'S NAME <b>George W. Leap</b>				14. MOTHER'S MAIDEN NAME <b>? Overturf</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mary Leap</b> Address <b>Tarkio, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Genurinal anemia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Arteriosclerotic cardio-vascular disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4221</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>5/27/50</b> to <b>5/23/57</b> and last saw <del>the</del> <sup>him</sup> alive on <b>5/23/57</b> Death occurred at <b>12:45</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W. J. McComery</b> (Degree or title)				22b. ADDRESS <b>Tarkio, Mo.</b>		22c. DATE SIGNED <b>5/24/57</b>	
23a. BURIAL, CREMATION, REBURY <b>Burial</b>		23b. DATE <b>5/25/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Tarkio, Mo.</b>		
24. FUNERAL DIRECTOR <b>Davis Funeral Home</b> ADDRESS <b>Tarkio, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>June 6, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Therwin H. Schaefer</b>		

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Frost A. Browning*

Licensed Embalmer No....333

P. O. Address Tarkio, MO...

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.