FILED AUG 2 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24943

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 316

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. Sanit.&Hosp — Length of stay in 1b 25 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 708 W. Charles 780 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First CLARA Middle FRANCES Last LEEK

4. DATE OF DEATH Month Day Year July 23, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug. 8, 1876
9. AGE (In years last birthday) 80 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. H. Hamilton
13b. MOTHER'S MAIDEN NAME Rebecca A. Parsons
14. NAME OF HUSBAND OR WIFE Ernest A. Leek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Ernest A. Leek, Independence, Missouri

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) Probable Coronary occlusion — instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 5 yrs
DUE TO (c) Generalized arteriosclerosis 4200 — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgical amputation of gangrenous foot

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 June, to July 1957 and last saw her/him alive on 11:30 PM 7-22-57
Death occurred at 12:15 A. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul L Bachmann MD
22b. ADDRESS 1212 W. Truman Indep Mo
22c. DATE SIGNED 7-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Bur-Removal
23b. DATE July 24, 1957
23c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery
23d. LOCATION (City, town, or county) (State) Holt, Missouri

24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.
25. DATE RECD. BY LOCAL REG. 7-24-57
26. REGISTRAR'S SIGNATURE James S Craig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Harold E. Woodrel

Licensed Embalmer No. 4609

P. O. Address Indep. M

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.