

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

40452
STATE FILE NUMBER
5244

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mission 8/15 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Nursing Home		Length of stay in lb 2 mos.	d. STREET ADDRESS (If outside, give location) 5844 Marty Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Everly Middle S. Last Leach			4. DATE OF DEATH Month Nov Day 6 Year 1957
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-3-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Johnson Co. Herald	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Ben Leach		13b. MOTHER'S MAIDEN NAME Rachel Everly	14. NAME OF HUSBAND OR WIFE Rose Matney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-03-9731	17. INFORMANT Address Sanford Leach 5844 Marty Ave.
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 4 mo -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331+
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? 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 Oct '48 to Nov. 6 '57 and last saw her alive on Nov. 6 '57 Death occurred at 11:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. Maser (Degree or title) M.D.		22b. ADDRESS Mission, Kans.	
		22c. DATE SIGNED 11/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-6-1957	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		23d. LOCATION (City, town, or county) (State) Carrollton, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Und. Co. K. C., Mo.		25. DATE RECD. BY LOCAL REG. 11-8-57	
26. REGISTRAR'S SIGNATURE Neva Marshall			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
G. R. Maser

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

5808/11111

Me 2-5515

Renewal 1

me: 0517 Jh. 05 Dur.
Me 2-3124

MAY 15 1958



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 *Eugene Stinson*

Licensed Embalmer No. *4633*
P. O. Address *Asasay City*

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.