

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028658
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		c. CITY OR TOWN Altamont	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Rest Home 3 Mo.		d. STREET ADDRESS (If outside, give location) ---	

3. NAME OF DECEASED (Type or print) First Middle Last John William Leach			4. DATE OF DEATH Month Day Year August 11 1958		
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5. SEX Male	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 Nov. 29 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Packing Co.	11. BIRTHPLACE (City and state or country) Clinton Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Noah Isaac Leach	13b. MOTHER'S MAIDEN NAME Mary Ellen Stokes	14. NAME OF HUSBAND OR WIFE Emma J. Leach (Dec'd)
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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. 487-09-2037	17. INFORMANT Dorothy Morgan 2802 So. 29th St. St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-Renal Vascular</i> <i>plexian</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from <i>Jan 58</i> to <i>Aug 58</i> and last saw ^{her} him alive on <i>Aug 11, 58</i> Death occurred at <i>11:30 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Floyd E. Nelson</i> (Degree or title) 2	22b. ADDRESS <i>Gallatin Mo</i>	22c. DATE SIGNED <i>8-15-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-15-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Ayr Cemetery</i>	23d. LOCATION (City, town, or county) <i>Altamont Missouri</i> (State)
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24. FUNERAL DIRECTOR <i>R. C. Anderson</i> ADDRESS <i>Hope Funeral Home, Gallatin, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>22 Aug 1958</i>	26. REGISTRAR'S SIGNATURE <i>Eugenia W. Mangels</i>
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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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

310
S. 300
1-57

810

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 *Lenna P. Hope*

Licensed Embalmer No. *2162*
P. O. Address *Pallatius*

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.