

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044737
STATE FILE NUMBER

FILED DEC 23 1958

Registration District No. 172 Primary Registration District No. 3034-42-73 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY OR TOWN <u>HIGGINSVILLE</u> (If outside corporate limits, give TOWNSHIP only)		c. CITY OR TOWN <u>HIGGINSVILLE</u> (If outside, give location)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>611 W. 29th ST</u>		d. STREET ADDRESS <u>611 W. 29th ST</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ELMER LEAS</u>			4. DATE OF DEATH Month Day Year <u>DEC 10 1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 1, 1899</u>	9. AGE (In years last birthday) <u>59</u>	10. F UNDER 1 YEAR Months Days Hours Min.	11. 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) <u>EMPLOYER STATE HIGHWAY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STATE HIGHWAY DIV</u>	11. BIRTHPLACE (City and state or country) <u>CONCORDIA, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>ADAM LEAS</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA DAVIS</u>	14. NAME OF HUSBAND OR WIFE <u>FLORA LEAS</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-30-3923</u>	17. INFORMANT Address <u>MRS FLORA LEAS HIGGINSVILLE, MO</u>
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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) <u>Bronchiogenic carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Diagnosis made June 16-56</u>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1621</u>		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.) <u>1621</u>
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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 Death occurred at <u>June 16, 1956</u> to <u>Dec 10, 1958</u> and last saw him alive on <u>December 10, 1958</u> <u>4:30</u> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <u>W. B. Koppensund, M.D.</u>	22b. ADDRESS <u>Higginsville Mo</u>	22c. DATE SIGNED <u>Dec 13-1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>DEC. 13. 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MO</u>
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24. FUNERAL DIRECTOR <u>E. S. Jones</u>	ADDRESS <u>Concordia, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 16. 58</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

VS MAR 25 1960

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. L. James.....

Licensed Embalmer No. 2058
P. O. Address Concordia, 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.