

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047146

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6270

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</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>Menorah D.O.A.</b>		Length of stay in lb <b>36 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>105 Ward Parkway</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>Leonard</b> Last <b>Leonard</b>			4. DATE OF DEATH Month <b>12</b> Day <b>31</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APPROX.</b>
9. AGE (In years last birthday) <b>62 6 2</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b>2</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Representative</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Textile</b>	11. BIRTHPLACE (City and state or country) <b>New York City, N.Y.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles Leonard</b>	13b. MOTHER'S MAIDEN NAME <b>Celia Rosenberg</b>
14. NAME OF HUSBAND OR WIFE <b>Anna W. Leonard</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>W W I Unknown</b>	16. SOCIAL SECURITY NO. -----
17. INFORMANT Address <b>105</b> <b>Anna Wicker Leonard, Wardparkway</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>Coronary thrombosis</b> DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>0 Diabetes mellitus 2 Myocardial infarction</b>	
19. INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b> <b>years</b>		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. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>1951</b> , to <b>12-31-58</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>12-26-58</b> . Death occurred at <b>5:00</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William Lowe Mandy, D.D.</b>		22b. ADDRESS <b>1103 Grand K.C. Mo.</b>	
22c. DATE SIGNED <b>1-1-59</b>		23. NAME OF CEMETERY OR CREMATORY <b>Sheffield Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 2 1959</b>	23c. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>	(State) _____
24. FUNERAL DIRECTOR <b>J.P. Louis Funeral Home K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-3-59</b>	26. REGISTRAR'S SIGNATURE <b>Gene Marshall</b>

MEDICAL CERTIFICATION  
William Lowe Mandy 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 *Gay Beffington* .....

Licensed Embalmer No. *2756*

P. O. Address *D.C. 210*

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.