

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001399
State File No.

FILED FEB 5 1959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 406

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Kansas</p>		b. COUNTY <p align="center">Wyandotte</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (in this place) <p align="center">6 days</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St Marys Hospital</p>		d. STREET ADDRESS (If rural, give location) <p align="center">933 Ann Avenue</p>			

3. NAME OF DECEASED (Type or Print) <p align="center">JOHN</p>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Jan 20, 1959</p>		
			<p align="center">LEONARD (LEONHARDT)</p>					

5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>	8. DATE OF BIRTH <p align="center">May 17, 1892</p>	9. AGE (In years last birthday) <p align="center">66</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Car Inspector</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Railroad Co</p>	11. BIRTHPLACE (State or foreign country) <p align="center">Kansas</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U S A</p>
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13a. FATHER'S NAME <p align="center">Henry Leonhardt</p>	13b. MOTHER'S MAIDEN NAME <p align="center">not known</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Ann Leonard</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <p align="center">Yes W W I</p>	16. SOCIAL SECURITY NO. <p align="center">702 07 5816</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs Ann Leonard</p>	ADDRESS <p align="center">K C Ks</p>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="center">7 da</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">acute pancreatitis</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p align="center">stone in pancreatic duct</p> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p align="right">5/1/59</p>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/14, 1959, to 1/20, 1959, that I last saw the deceased alive on 1/20, 1959, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center">James R. McVay M.D.</p>	23b. ADDRESS <p align="center">814 VFW Bldg. N.C.Mo</p>	23c. DATE SIGNED <p align="center">1/22/59</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>	24b. DATE <p align="center">1-23-1959</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Mt Calvary Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Kansas</p>
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DATE REC'D BY LOCAL REG. <p align="center">1-22-59</p>	REGISTRAR'S SIGNATURE <p align="center">New Minshall</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">F A Reising</p>	ADDRESS <p align="center">K C Ks</p>
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James R. McVay

6961 9 T '94W
MAY 16 1959

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

George A. Beising

Signed.....
Student Embalmer

Licensed Embalmer No..... 4468

P. O. Address..... K C Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.