

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001661

STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 146 Primary Registration District No. 5-568 Registrar's No. 23

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) <b>Blue Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City 22</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>24 Hwy &amp; Winner Rd.</b>		Length of stay in lb <b>30 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>143 So. Oxford</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Elmore</b> Last <b>Leath</b>	4. DATE OF DEATH Month <b>Jan</b> Day <b>10</b> Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Whitae</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>Sept 1, 1887</b>	9. AGE (In years birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Lineman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Western Union</b>	11. BIRTHPLACE (City and state or country) <b>Atchison, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Leath</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elmore</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Lois Leath</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>486 10 3805</b>	17. INFORMANT <b>Mrs. Lois Leath</b> Address <b>Kansas City 22, Mo.</b>
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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) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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)		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.) <b>4201</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Jackson County, Mo.</b>
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>August A Quinn Curran</b> (Degree or title)	22b. ADDRESS <b>1034 Pacific Bldg</b>	22c. DATE SIGNED <b>1-12-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 13, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Memory Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Jackson County, Mo.</b>
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24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons Independence, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-13-59</b>	26. REGISTRAR'S SIGNATURE <b>James Craig</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
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 *C. Ray Louderback* .....

Licensed Embalmer No. *5027*.....

P. O. Address *Indep., Ma.*

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.