

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006081

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 128

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Joplin</u> <u>0495</u> <u>6</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Joplin General</u>		Length of stay in lb <u>18 Years</u>	d. STREET ADDRESS (If outside, give location) <u>1932 West 4th Street</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>William Henry</u> Middle <u>Leibnes</u> Last <u>Leibnes</u>			4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 18, 1863</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Machinery</u>	11. BIRTHPLACE (City and state or country) <u>Winona, Minn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Leibnes</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Harding</u>	14. NAME OF HUSBAND OR WIFE <u>Flora May (Deceased)</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.	17. INFORMANT <u>Mrs. May Misenhelter, Joplin, Missouri.</u>	Address
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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>Acute Myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Fractured femur & shock</u>	<u>7 weeks</u>
	DUE TO (c) <u>Senility</u>	<u>21</u>
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"/> <u>2</u>

20a. ACCIDENT <input checked="" 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>Fell in home fracturing left femur</u>
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20c. TIME OF INJURY Hour <u>12</u> Minute <u>22</u> a.m. <u>Jan. 12,</u> Year <u>1959</u>

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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Joplin</u>	COUNTY <u>Jasper</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 1947 to Mar. 2, 1959 and last saw her/him alive on Feb. 26, 1959
Death occurred at 04:30 A. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. B. Joergent D.D.</u>	(Degree or title) <u>3</u>	22b. ADDRESS <u>418 Wall Joplin Mo</u>	22c. DATE SIGNED <u>3/5/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 4, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Sarcoxie Missouri.</u>
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24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary, Joplin, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-6-1959</u>	26. REGISTRAR'S SIGNATURE <u>Nooe Merriam</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.

APR 9 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer.....

Signed *Dale Glover*

Licensed Embalmer No. *4583*

P. O. Address *Joplin*

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.