

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012161  
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Unionville</u> <u>0860</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Nursing Home #1</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>city</u>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle _____ Last <u>Leech</u>		4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 5, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>89</u>
13a. FATHER'S NAME <u>John Leech</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Fullhart</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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>none</u>	17. INFORMANT Address <u>Mrs. John Brown-Unionville, Mo.</u>
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 overwhelming toxemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>anuria et large intestinal obstruction</u>			<u>days</u>
DUE TO (c) <u>etiology unknown</u>			<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5705</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 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	
21. I attended the deceased from <u>Jan. 16, 1956</u> to <u>4-23-59</u> and last saw him alive on <u>4-23-59</u> Death occurred at <u>11:35</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George H. Scheurer, D.O.</u>		22b. ADDRESS <u>Kirksville, Mo.</u>	
22c. DATE SIGNED <u>4-23-59</u>			
23a. BURIAL, CREMATION REMOVAL (Specify) <u>B</u>		23b. DATE <u>4-25-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shoney Cem.</u>
23d. LOCATION (City, town, or county) <u>Putnam Co. Mo.</u>			
24. FUNERAL DIRECTOR <u>F.O. Husted &amp; Son-Unionville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-27-1959</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Rathoff</u>

Lector, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

ALL diseases in Part I must be causally related. D.O. SCHEURER USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Murl E. Husler* .....

Licensed Embalmer No. *3304* .....

P. O. Address *Annville* .....

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.