

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029463

FILED VS AUG 25 1959

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 32

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandview | | Length of stay in 1b 18 days | c. CITY OR TOWN Grandview Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 12708 S.71 Hwy | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 12708 S. 71 Hwy Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Russell Middle William Last Leach | | | 4. DATE OF DEATH Month 8 Day 20 Year 1959 | | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-2-59 | 9. AGE (last birthday) 0 | IF UNDER 1 YEAR Months 0 Days 18 | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Richards-Gebaur AFB Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Al/c Edward F. Leach | 13b. MOTHER'S MAIDEN NAME Joan Marie Salzer | 13c. NAME OF HUSBAND OR WIFE - - - - |
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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) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT A/c Edward Leach, Grandview, Mo. | 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) Bronchopneumonia | | 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour 9:30 a.m. 9:30 p.m. | Month 8 Day 20 Year 1959 |
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| 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 Wassau, Wisconsin | COUNTY | STATE |
|--|--|--|--------|-------|

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at **approx 9:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 21a. SIGNATURE (Degree or title) Geo. C. Kealhofer, M.D., Deputy Coroner | 21b. ADDRESS 6625 Pradock Lane | 21c. DATE SIGNED 8-20-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 8-21-59 | 23c. NAME OF CEMETERY OR CREMATORY Wassau Cemetery | 23d. LOCATION (City, town, or county) (State) Wassau, Wisconsin |
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| 24. FUNERAL DIRECTOR E.K. George & Sons Inc. Grandview, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 8-21-59 | 26. REGISTRAR'S SIGNATURE Deborah Edwards |
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BY AFFIDAVIT OF DOCUMENT

Geo. C. Kealhofer, M.D., Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signature Herbert E. Sadar
Signed _____

Licensed Embalmer No. 4911

P. O. Address Grandview

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.