

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007127

FILED VS FEB 16 1960

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 18 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp.		Length of stay in lb 8 Days	c. CITY OR TOWN Hawk Point Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.		Inside Limits No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Martin Henry Leek			4. DATE OF DEATH Month Day Year February 5, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/3/1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Warren Co. Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Leek		13b. MOTHER'S MAIDEN NAME Mary Frances Allen		14. NAME OF HUSBAND OR WIFE Sadie Lena Hoech	

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. 486-32-1591	17. INFORMANT Address Harold Leek, Hawk Point, Missouri
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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) 1) Labor. Pneumonia - 2) General Depression 1 week - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Pulmonary Emphysema - DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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>1/29/60</u> to <u>2/5/60</u> and last saw her alive on <u>2/5/60</u> Death occurred at <u>11:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) J. Schersch	22b. ADDRESS Troy Mo	22c. DATE SIGNED 2/12/60

23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/9/60	23c. NAME OF CEMETERY OR CREMATORY Hawk Point Cemetery	23d. LOCATION (City, town, or county) (State) Hawk Point, Missouri
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.	25. DATE RECD. BY LOCAL REG. 2-12-1960	26. REGISTRAR'S SIGNATURE Charlotte Leek	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 Joseph J. Marsh Jr., Student Embalmer No. 593

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.