

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000649

STATE FILE NUMBER

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 22

AMENDED

FILED VS FEB 14 1961

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

| | | | | | |
|--|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u> | | Length of stay in lb <u>3 1/2 days</u> | | c. CITY OR TOWN <u>North Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial Hosp</u> | | | d. STREET ADDRESS (If outside, give location) <u>5226 E. 44TH ST. NORTH</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Michael Francis Leikam</u> | | | 4. DATE OF DEATH Month Day Year <u>2 5 61</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Cauc</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-1-61</u> | 9. AGE (last birthday) | IF UNDER 1 YEAR Months Days Hours Min. <u>3 19 11</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>North Kansas City, Missouri</u> | |
| 13a. FATHER'S NAME <u>FRANK LEIKAM</u> | | 13b. MOTHER'S MAIDEN NAME <u>JEAN LEACH</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</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 <u>FRANK LEIKAM</u> Address <u>5226 E. 44TH ST. No. K.C. 11, 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>Hemorrhagic Pneumonia</u> virus ?? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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>Feb 2 - 1961</u> to <u>Feb 5, 1961</u> and last saw him alive on <u>Feb 5 - 1961</u> Death occurred at <u>12:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Robert J. Gauer MD</u> | | | 22b. ADDRESS <u>2730 So. Mall, Kansas City, Mo</u> | | 22c. DATE SIGNED <u>2-5-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>2-7-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM. NASAU MO.</u> | | 23d. LOCATION (City, town, or county) <u>NASAU MO.</u> | |
| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS</u> | | ADDRESS <u>N.K.C.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-6-61</u> | 26. REGISTRAR'S SIGNATURE <u>Marjorie Judgens</u> |

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 John V. Hennig
Licensed Embalmer No. 4848

P. O. Address K. C. 17, Mo

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.