MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-013831
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1828

FILED MAY 3 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8 & 9	Nov. 23, 1900 60 yrs.	Nov. 23, 1901 59 yrs.	4-18-61
2d & 17	3921 Spruce	3931 Spruce	4-18-61

DOCUMENT own birth record.

BY AFFIDAVIT OF informant

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 16 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEAD ON ARRIVAL K.C.GENERAL HOSPITAL — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS 3921 ~~3931~~ SPRUCE AVENUE (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First VIRGIL Middle O'BANNON Last LEACH
4. DATE OF DEATH Month 4 Day 11 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/23/~~01~~ 00
9. AGE (last birthday) ~~59~~ 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE SUPERVISOR
10b. KIND OF BUSINESS OR INDUSTRY NEEVEL MANUFACT. COMPANY
11. BIRTHPLACE (City and state or country) SWEET SPRINGS, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME RICHARD O'BANNON LEACH
13b. MOTHER'S MAIDEN NAME CALLIE DORA THOMAS
14. NAME OF HUSBAND OR WIFE LENA A. VOGT LEACH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.
17. INFORMANT LENA A. VOGT LEACH Address 3921 ~~3931~~ SPRUCE AVE. KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock + Hemorrhage resulting from
DUE TO (b) Multiple rib fractures, multiple lung lacerations
DUE TO (c) + Ruptured Liver
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was struck by a car
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4-11-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. C. Kealhofer for M.H. Coputy coroner
22b. ADDRESS 6637 Prospect Kansas City Mo
22c. DATE SIGNED 4-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE APR.14,1961
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
23d. LOCATION (City, town, or county) (State) SWEET SPRINGS MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 3331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG. 4-13-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Louis Quast

Licensed Embalmer No. 4096

P. O. Address K.C. 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.