

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016553

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

527

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 29 1961

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN

St. Joseph

Length of stay in 1b

69 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY OR TOWN

St. Joseph

Inside Limits

Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Missouri Methodist Hospital

Inside Limits

Yes No

d. STREET ADDRESS (If outside, give location)

2715 Fairleigh Terrace

Reside on Farm

Yes No

3. NAME OF DECEASED (Type or print)

First

Christian

Middle

Leimbach

Last

4. DATE OF DEATH

Month

May

Day

21

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH

Aug. 9, 1872

9. AGE (last birthday)

88

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)

Retired Tailor

10b. KIND OF BUSINESS OR INDUSTRY

Tailor

11. BIRTHPLACE (City and state or country)

Neidermoellrich, Germany

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Leimbach

13b. MOTHER'S MAIDEN NAME

Katherine Fiedler

14. NAME OF HUSBAND OR WIFE

Elizabeth Burger Leimbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

None

16. SOCIAL SECURITY NO.

Margaret L. Miller St. Joseph, Mo.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute gastroenteritis

4 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Gen. arteriosclerosis, severe

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 5/18/61 to 5/21/61 and last saw him alive on 5/21/61

Death occurred at 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Donald Stallard, M.D.

22b. ADDRESS

902 E. Edmund St.

22c. DATE SIGNED

5/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 23, 1961

23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc. St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

May 26, 1961

26. REGISTRAR'S SIGNATURE

Mrs. Clark Stallard

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

D. Stallard, M.D. 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond H. Moore

Licensed Embalmer No. 5147

P. O. Address St. Joseph, 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.