

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031594

FILED SEP 15 1961

STATE FILE NUMBER

AMENDED

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 20

DATE AMENDED

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City		Length of stay in lb 5 Weeks	c. CITY OR TOWN Morehouse Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) P.O. Box 326 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last John Franklin Leek			4. DATE OF DEATH Month Day Year July 28, 1961	
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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 12-10-1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) McCracken Co. Ky.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Harrison Leek (D)	13b. MOTHER'S MAIDEN NAME Melissa Shaw (D)	14. NAME OF HUSBAND OR WIFE Middle Powers Leek
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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. Unknown	17. INFORMANT Elmer Leek (son) Morehouse, Mo
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Shock		30 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Circulatory failure	2 HRS
	DUE TO (c) Coronary thrombosis	12 HRS

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
Generalized Arteriosclerosis		

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.)
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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
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21. I attended the deceased from **6-28-61** to **7-28-61** and last saw him alive on **6-28-61**
Death occurred at **2:30 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) A. Masters DD	22b. ADDRESS Alvada Mo.	22c. DATE SIGNED 8-8-61
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23a. FUNERAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 7-30-1961	23c. NAME OF CEMETERY OR CREMATORY Old Manley Cemetery	23d. LOCATION (City, town, or county) (State) Manley, Mo., Missouri
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24. FUNERAL DIRECTOR Annabelle Funeral Chapel	ADDRESS Sikeston, Mo.	25. DATE RECD. BY LOCAL REG. 8/18/61	26. REGISTRAR'S SIGNATURE Bernice Moore
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Jumper

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.