

FILED VS JUL 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024318
State File No.

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>311</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>// Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1107 Hereford St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u> | | b. (Middle) <u>Floyd</u> | | c. (Last) <u>Leach</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1959</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>July 26, 1902</u> | |
| 9. AGE (In years last birthday) <u>56</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Sales</u> | | 11. BIRTHPLACE (State or foreign country) <u>Carter Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Joseph Leach</u> | | 13b. MOTHER'S MAIDEN NAME <u>Dora Emery Leach</u> | | 14. NAME OF HUSBAND OR WIFE <u>Essie Smith Leach</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>326-10-5870</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Essie Leach</u> | | ADDRESS <u>1107 Hereford St. Louis, Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> | | | | <u>10 min.</u> | | | |
| DUE TO (c) <u>Pulmonary infarct</u> | | | | <u>15 min.</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>AdenoCarcinoma Head of pancreas</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>6-18</u> , 19 <u>59</u> , to <u>6-29</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>6-29</u> , 19 <u>59</u> , and that death occurred at <u>3:55 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. Bevil Miller MD</u> | | | | 23b. ADDRESS <u>621 Pine Blvd., Poplar Bluff Mo</u> | | 23c. DATE SIGNED <u>6-30-59</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-1-59</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>(Carter Co) Elsimore, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7/11/59</u> | | REGISTRAR'S SIGNATURE <u>R. Mustree</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>William Coder</u> | | ADDRESS <u>Pikeport, Mo.</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 27 1959

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FILE NO. _____

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 _____

Cocher Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

William Coch

Licensed Embalmer No. *3723*

P. O. Address *Piedmont, 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 this body is not embalmed, fact should be so stated above.