

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15060

State File No. \_\_\_\_\_

FILED MAY 26 1954

Registrar's No. 313

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carter		
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff		c. LENGTH OF STAY (in this place) 8 WK.	c. CITY (If outside corporate limits, write RURAL and give township) Ellsinore		0180
d. FULL NAME OF HOSPITAL OR INSTITUTION 948 Gardner			d. STREET ADDRESS (If rural, give location) General Delivery		
3. NAME OF DECEASED a. (First) John		b. (Middle) Albert		c. (Last) Leach	
4. DATE OF DEATH 5-14-54		(Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, DIVORCED, REMARRIED (Specify) Divorced	8. DATE OF BIRTH June 2, 1881		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Wayne Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME G.M. Leach		13b. MOTHER'S MAIDEN NAME Lucinda Boxx		14. NAME OF HUSBAND OR WIFE Unknown	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Leach, Poplar Bluff, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA COLON  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH Unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.	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 May 12, 1954, to May 19, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 3:15 P.m., from the causes and on the date stated above.					
23a. SIGNATURE Norman E. Willis (Degree or title) MD		23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 17 May 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-16-54	24c. NAME OF CEMETERY OR CREMATORY Carson Hill		24d. LOCATION (City, town, or county) (State) Carter Co., Mo	
DATE REC'D BY LOCAL REG. 5/18/54	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch Poplar Bluff		

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

RECEIVED  
MAY 24 1954

BUTLER CO. HEALTH CENTER

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 5-14-

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Oliver A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff

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.