

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2172

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3057		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Ray 0894				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. LENGTH OF STAY (in this place) 16 Months		c. CITY OR TOWN Orrick		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penny Rest Home				e. STREET ADDRESS (If rural, give location) 0890			
3. NAME OF DECEASED (Type or Print) a. (First) Lena			b. (Middle)			c. (Last) Leake	
4. DATE OF DEATH Jan. 19, 1955							
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 18, 1886	
9. AGE (in years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Saline County 0	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME William Wilhelm			13b. MOTHER'S MAIDEN NAME Sarah E. Blaine			14. NAME OF HUSBAND OR WIFE Henry C. Leake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Manilla O'Dell Richmond, 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) Chronic myocarditis ANTECEDENT CAUSES DUE TO (b) Fatty myocardial infiltration Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Obesity. II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis Hypertension Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				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 Jan 12, 1955, to Jan 19, 1955, that I last saw the deceased alive on Jan 19, 1955, and that death occurred at 1:30 Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harry M. Griffith M.D.				23b. ADDRESS Richmond Mo		23c. DATE SIGNED 1-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-20-1955		24c. NAME OF CEMETERY OR CREMATORY South Point Cemetery		24d. LOCATION (City, town, or county) (State) Orrick, Mo.	
DATE REC'D BY LOCAL REG. Jan 21, 1955		REGISTRAR'S SIGNATURE Malulu Jackson 273		25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good		ADDRESS Orrick, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

7/1/55

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FEB 1 1955

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 *John Pauling*.....

Licensed Embalmer No. 430.....

P. O. Address *Liberty*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.