

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36442

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u> Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Barry</u>		
b. CITY OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	c. CITY OR TOWN <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>403 - 2nd Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 - 2nd St -</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Leapehart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 - 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 17 - 1867</u>	9. AGE (in years) last birthday <u>86</u>	10. UNDER 1 YEAR Days <u>11</u> Hours <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Vienna, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Leapehart</u>		13b. MOTHER'S MAIDEN NAME <u>Judith Lechristman</u>	14. NAME OF HUSBAND OR WIFE <u>Bertrude Drisham Leapehart</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Balden</u> ADDRESS <u>Monett 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardio-vascular renal disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>80 hrs.</u> <u>25 yrs</u> <u>18 yrs</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>Nov 26</u> , 19 <u>54</u> , to <u>Nov 27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 27</u> , 19 <u>54</u> , and that death occurred at <u>2:40 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Robert R. Douley M.D.</u> (Degree or title)			23b. ADDRESS <u>Monett, MO.</u>		23c. DATE SIGNED <u>Nov 27 '54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 29 - 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt. Hope</u>	24d. LOCATION (City, town, or county) <u>Steff. City MO</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>11-29-54</u>	REGISTRAR'S SIGNATURE <u>M.W.P.N. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett - Warrington</u> ADDRESS <u>Monett MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
COLUMBIA, MO.

NO. 1254-143
DATE REC. 12-1-54

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]
Student Embalmer No. _____

Licensed Embalmer No. 4213

P. O. Address Moore Mission

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.