

Kentucky Post – March 11, 1999

**Paul A. Leland**, 83, of Latonia, died at 2:50 a.m. Wednesday at his daughter's home in Taylor Mill. He was a retired Kenton



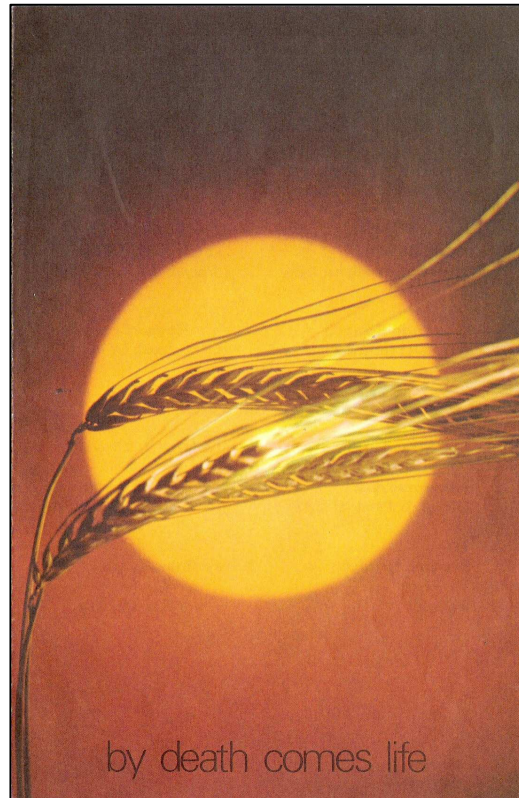
**Paul  
Leland**

County deputy clerk and deputy property evaluation administrator, a former owner of Terrace Food Shop in Latonia, and a member of St. Anthony Church in Taylor Mill. He was a member of the church Fun Club, a past president of the Covington Rotary Club, and an Army veteran of World War II.

Survivors include his wife, Louise Thome Leland; a son, David Paul Leland of Covington; daughters, Carol Jean Wagner of Taylor Mill and Barbara Ann Chamberlain of Covington; 15 grandchildren; and 25 great-grandchildren.

Mass of Christian burial will be at 11 a.m. Saturday at St. Anthony Church. Visitation will be from 9 to 10:45 a.m. Saturday at Swindler and Currin Funeral Home, Latonia. Entombment will be in Mother of God Mausoleum, Fort Wright. Memorials are suggested to St. Anthony Church Building Fund, 485 Grand Ave., Taylor Mill, Ky.

*Leland, Paul 1916 - 1999 (3)*



**Mass of Christian Burial**

for

**Paul Leland**

**The Gift of Life**                      **January 23, 1916**  
**The Gift of Risen Life**           **March 10, 1999**

**Entrance Song:**                      **Hosea Come**  
**Missalette: 138**                      **Back to Me**

**Liturgy of the Word**

**First Reading:**                      **Isaiah 40; 23-31**

**Responsorial:**                      **Yahweh the**  
**Glory & Praise: 238**                      **Faithful One**

**Second Reading:**                  **Revelations 7; 14-17**

**Gospel:**                                  **John 14, 1-6**

**Liturgy of the Eucharist**

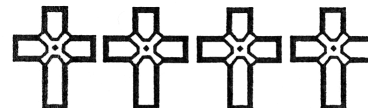
**Offertory Song:**                      **Peace is Flowing**  
**Glory & Praise: 162**                      **Like a River**

**Communion Song:**                  **On Eagles' Wings**  
**Glory & Praise: 151**

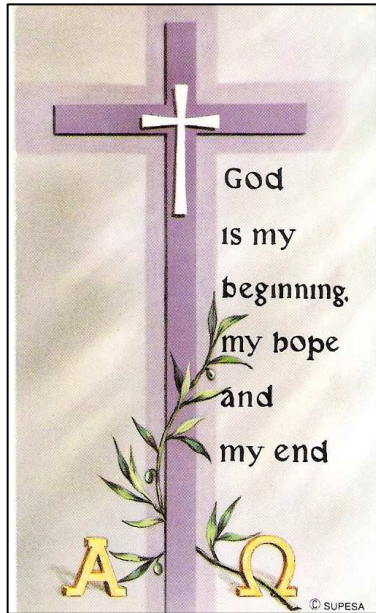
**Meditation:**                              **Ave Maria**

**Song of Farewell:**                      **All I Ask of You**

**Recessional:**                              **City of God**  
**Glory & Praise: 43**



*Leland, Paul 1916 - 1999 (3)*



**IN MEMORY OF  
PAUL A. LELAND**

**JANUARY 23, 1916  
MARCH 10, 1999**

**GOD'S WAYS**

**HIS WAYS ARE GOOD-**  
*They will be joy to you.*

**HIS WAYS ARE RIGHT-**  
*They will be wisdom to you.*

**HIS WAYS ARE TRUE-**  
*They will be liberty to you.*

**HIS WAYS ARE PURE-**  
*They will be refreshment to you.*

**HIS WAYS ARE SURE-**  
*They will be strength to you.*

**HIS WAYS ARE BEST-**  
*They will be blessings to you.*





Leland, Paul 1916 - 1999 (3)

# Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

FORM VS NO. 1-A  
(Rev. 8/96)

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

## CERTIFICATE OF DEATH

07138

Registrar's No.

MUST  
BE  
TYPED

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Paul Arthur Leland				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 10, 1999					
4. SOCIAL SECURITY NO. 269-05-6451		5a. AGE Last Birthday (Years) 83		5b. UNDER 1 YEAR (Months) (Days) ( ) ( )		5c. UNDER 1 DAY (Hours) (Minutes) ( ) ( )		6. DATE OF BIRTH (Month, Day, Year) January 23, 1916		7. BIRTHPLACE (City/State or Foreign Country) Kentucky	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes				9a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> F/O Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) 724 Jefferson Place				9c. CITY, TOWN, OR LOCATION OF DEATH Taylor Mill				9d. COUNTY OF DEATH Kenton			
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Louise Thome		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Deputy Property Valuation Administrator				12b. KIND OF BUSINESS/INDUSTRY Kenton County, Kentucky			
13a. RESIDENCE - State Kentucky		13b. COUNTY Kenton		13c. CITY, TOWN, OR LOCATION Latonia				13d. STREET AND NUMBER 2727 Iowa Avenue			
13e. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 41015		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				15. RACE: American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/Secondary (9-12) College (1-4 or 5+) unk.	
17. FATHER'S NAME (First, Middle, Last) Harry Leland				18. MOTHER'S NAME (First, Middle, Maiden Surname) Clara Schaffer							
19a. INFORMANT'S NAME Louise Leland				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2727 Iowa Avenue Latonia, Kentucky 41015							
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Other (Specify) Entombment				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mother of God Cemetery				20c. LOCATION: (City, Town or State) Covington, KY			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <i>Ed Curran</i>				22. NAME AND ADDRESS OF FACILITY Swindler & Curran Funeral Home 214 W. Southern Avenue Latonia, KY 41015							
23a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated Signature and Title <i>Christopher A. Heeb, M.D.</i> (MUST USE BLACK INK)				23b. DATE SIGNED (Month, Day, Year) 3/15/99							
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) Int Med Assoc of N. Ky 2900 Chancellor Dr., Crestview Hills, Ky 41017											
25. TIME OF DEATH 2:50 AM				26. DATE PRONOUNCED DEAD (Month, Day, Year) March 10, 1999				27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>LYMPHO MA</i> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.				28a. If female, was there a pregnancy in the past 12 months (Yes or No)		28b. Was autopsy performed (Yes or No)		28c. Were autopsy findings available prior to completion of cause of death? (Yes or No)			
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide				30a. DATE OF INJURY (Month, Day, Year)		30b. TIME OF INJURY		30c. INJURY AT WORK? (Yes or No)		30d. DESCRIBE HOW INJURY OCCURRED	
				30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		30f. LOCATION (Street and number or Rural Route Number, City or Town)					
31. REGISTRAR'S SIGNATURE <i>Barbara F. White</i>								32. DATE FILED (Month, Day, Year) MAR 19 1999			



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 19 day of Mar, 1999.

U.S. PATENT NO. 4,422,728 4255408 4310100 4227115  
4210146 4241404 4251547

*Barbara F. White*