

OCT 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32786

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 277

1. PLACE OF DEATH: PETTIS
 (a) County PETTIS
 (b) City or town SEDALIA
 (c) Name of hospital or institution: 301 EAST SEVENTH ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 52 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County PETTIS
 (c) City or town SEDALIA
 (d) Street No. 301 EAST 7th ST.
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME HENRY VICTOR LEIST
 (b) If veteran, name war - (c) Social Security No. -

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 (b) Name of husband or wife ANN OSBORN LEIST (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased APRIL 20 1862
 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 11 If less than one day hr. min.

9. Birthplace New York City New York
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIERE MERCHANT

11. Industry or business

MOTHER FATHER
 12. Name Victor LEIST
 13. Birthplace Germany
 14. Maiden name Ella
 15. Birthplace Germany

16. (a) Informant MRS ANN LEIST
 (b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 9 3 40
 (c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director M. J. Longlin Dws.
 (b) Address SEDALIA

19. (a) Sept 3, 1940 Mrs. Harry Sneed
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 31 year 1940 hour 8:33 minute 10 M.

21. I hereby certify that I attended the deceased from Aug 30, 1940, to Aug 31, 1940, that I last saw him alive on Aug 31, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic
 Due to Chronic myocardial changes.
 Other conditions Hypertension Severe
 Major findings: Of operations 920
 Of autopsy

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 23. Signature W. J. Deetman (M. D. or other)
 Address Sedalia Mo Date signed 9/3/40

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

RECEIVED
District Health Officer, No. 8
District File Number 10-11-40
Date Filed

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Jedalia

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.