

DEPARTMENT OF COMMERCE  
BUREAU OF TRADE INSURANCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

188

1. PLACE OF DEATH: Buchanan

(a) County..... Buchanan

(b) City or town..... Easton,

(c) Name of hospital or institution:  
Easton, Mo!

(d) Length of stay: In hospital or institution.....  
In this community..... yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Buchanan

(c) City or town..... Easton.

(d) Street No.....  
(e) Citizen of foreign country?..... (Yes or No)

3. (a) PRINT FULL NAME Bettie Leftwich.

3. (b) If veteran, name war..... No. 3. (c) Social Security No.....

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced, 2. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec 8. 1853.

8. AGE: Years 89 Months 2 Days 8. If less than one day hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business

12. Name Henry Price.

13. Birthplace Not known. (City, town, or county) (State or foreign country)

14. Maiden name Not known.

15. Birthplace Not known. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lee Linder (b) Address St Joseph Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Feb. 19. 43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director J. S. Myers (b) Address Stewartsville MO.

19. (a) 2-19-43 (b) Rose Hejzog (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1 1942 to Feb 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Kimball (M. D. certifies) Address Easton Mo Date signed 2/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *J. G. Ligon* .....  
Licensed Embalmer No. 952 .....  
P. O. Address Stewartsville Mo. ....

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.