

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15677

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

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 24

| | | | |
|---|-------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Weber</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ogden</u> | |
| c. LENGTH OF STAY (in this place) <u>1 hr.</u> | | d. STREET ADDRESS (If rural, give location) <u>9 523 - 22nd St.</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Lee Hospital, Fayette</u> | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Kirby</u> c. (Last) <u>Leffler</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1949</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>Aug 18, 1948</u> |
| 9. AGE (In years last birthday) <u>8</u> Months <u>23</u> Days | | 10. DATE OF BIRTH | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Utah</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Perry Leffler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Eva Elliot</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Infant</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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eva Leffler Ogden Utah</u> ADDRESS <u>523 - 22nd St.</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>Acute cardiac failure</u> | |
| II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> | |
| III. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) _____ | |
| 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) <u>Fayette Howard Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 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 <u>May 11, 1949</u> , to <u>May 11, 1949</u> that I last saw the deceased alive on <u>May 11, 1949</u> , and that death occurred at <u>11:17</u> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>M. P. Leach M.D.</u> | | 23b. ADDRESS <u>Fayette, Mo</u> | |
| 23c. DATE SIGNED <u>5-13-49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>5-14-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendy Ann Sobin</u> ADDRESS <u>104 Audsley - Independence Glasgow Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5-14-1949</u> | | REGISTRAR'S SIGNATURE _____ | |

MAY 16 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-21-49

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.

Signed E. W. Freeman

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.