

FILED OCT 15-1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30391

State File No.

4216

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4216</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>9 1/2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		510 300	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3231 Montgall</u>				d. STREET ADDRESS (If rural, give location) <u>3231 Montgall</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELISSA</u>		b. (Middle) <u>A</u>		c. (Last) <u>LEIBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 1 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May 17, 1870</u>	
9. AGE (in years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 15 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Barnard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Dorst</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Kellogg</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred M. Leiby</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Moore, 3231 Montgall K. C. 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>myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nasopharyngitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u> <u>6 weeks +</u> <u>3 days</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) (Min.)		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>8/8</u> ¹⁹⁴⁹ to <u>10/1</u> ¹⁹⁴⁹ , that I last saw the deceased alive on <u>10/1</u> ¹⁹⁴⁹ , and that death occurred at <u>6:15 A.M.</u> ¹⁹⁴⁹ from the causes and on the date stated above.							
23a. SIGNATURE <u>R. R. Becker M.D.</u> (Degree of title)				23b. ADDRESS <u>4000 Baltimore Kansas City - 2, Mo.</u>		23c. DATE SIGNED <u>10/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marvville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-1-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILKS FUNERAL HOME, 2315 Linwood K.C. Mo</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. Becker
4000 Baltimore
Lo. 6322
2 to 7

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.

Student _____
Student Embalmer

Signed Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address H. C. Ins

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.