

FILED JAN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41992**

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 448

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>1811 So. Lamine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1811 So. Lamine</u>			
3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)		b. (Middle) <u>Wesley</u>	
		c. (Last) <u>Leftwich</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23 - 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 5 - 1898</u>
9. AGE (In years last birthday) <u>53</u>	# UNDER 1 YEAR Month: <u>8</u> Days: <u>18</u>	# UNDER 1 YEAR Hours: _____ Min: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carmen</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad shops</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Charles Wesley Leftwich</u>		13b. MOTHER'S MAIDEN NAME <u>Julia B. Shaw</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mary Frances Leftwich</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World war 1</u>		16. SOCIAL SECURITY NO. <u>702-16-1886</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Frances Leftwich</u>	
		ADDRESS <u>Sedalia</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>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo -</u>	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u>			
DUE TO (c) <u>?</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20/1</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>—</u>		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)	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>9-20</u> , 1949, to <u>12/23</u> , 1949, that I last saw the deceased alive on <u>12/22</u> , 1949, and that death occurred at <u>5-0</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. J. C. Miller</u>		23b. ADDRESS <u>Sedalia Mo</u>	
		23c. DATE SIGNED <u>12/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
DATE REC'D BY LOCAL REG. <u>12-26-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>

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

80

RECEIVED. 1-3-50
District Health Officer No. 8,

JAN 5 1950

District File Number _____

Date Filed 1-3-50

JAN 10 1950

JAN 26 1950

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 _____

R. P. M. Crary
3153

Licensed Embalmer No. _____

P. O. Address _____

Sedolace

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.