

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5421

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Marion-1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Levering Hospital				d. STREET ADDRESS (If rural, give location): 311a N. Main			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) W.		c. (Last) LEFFERT		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Dec. 5, 1872		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY contracting		11. BIRTHPLACE (State or foreign country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Leffert		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Blanche Leffert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Leffert, 311a N. Main Hannibal, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart hypertrophy</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Influenza</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <i>Jan 24, 1950</i> , to <i>Feb 4, 1950</i> , that I last saw the deceased alive on <i>Feb 4, 1950</i> , and that death occurred at <i>4:50 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. M. Muehlen M.D.</i>				23b. ADDRESS <i>Hannibal Mo.</i>		23c. DATE SIGNED <i>2/8/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/6/50		24c. NAME OF CEMETERY OR CREMATORY Hester Cemetery		24d. LOCATION (City, town, or county) (State) Hester, Missouri	
DATE REC'D BY LOCAL REG. 2-17-50		REGISTRAR'S SIGNATURE <i>John M. Lucken</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Fisher</i>		ADDRESS <i>Hannibal, Mo.</i>	

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

RECEIVED FEB 24 1950
HEALTH DEPT.
DATE FILED FEB 27 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 *Paul Richard Brown*

Licensed Embalmer No. *4324*

P. O. Address *Annibal*

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.