

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15604

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 36

1. PLACE OF DEATH

a. COUNTY **Stoddard**

b. CITY (If outside corporate limits, write RURAL and give OR TOWN **Rural (Liberty)**) (township)

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Stoddard**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural (Liberty)** 1030

d. STREET ADDRESS (If rural, give location) **R.F.D. #1, Dexter, Mo.** 0

3. NAME OF DECEASED (Type or Print)

a. (First) **Harry** b. (Middle) **Leonard** c. (Last) **Leffel**

4. DATE OF DEATH (Month) (Day) (Year) **April 7, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married**

8. DATE OF BIRTH **Sept. 21, 1911** 9. AGE (In years last birthday) **38** 10. **6** 11. **17** 12. **17**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Cass County, Ind. /**

12. CITIZEN OF WHAT COUNTRY? **U. S.**

13a. FATHER'S NAME **HARRY G. Leffel** 13b. MOTHER'S MAIDEN NAME **Maude Doan** 14. NAME OF HUSBAND OR WIFE **----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Harry G. Leffel,** ADDRESS **Dexter, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Skull fracture, crushed chest, and internal injuries.**

ANTECEDENT CAUSES **and internal injuries.**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **DUE TO (b) _____**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO **10.3**

INTERVAL BETWEEN ONSET AND DEATH **Sudden**

#68194
31

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Public road** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Liberty Twp Stoddard Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **April 7, 1950 10:00 p.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Automobile crash.** **70**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE **Way W. Rainey, 3** (Degree or title) **Coroner** 23b. ADDRESS **Dexter, Mo.** 23c. DATE SIGNED **4-8-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4-10-50** 24c. NAME OF CEMETERY OR CREMATORY **Hagy** 24d. LOCATION (City, town, or county) (State) **Dexter, Mo. R. F. D. #1**

DATE REC'D BY LOCAL REG. **4-17-50** REGISTRAR'S SIGNATURE **Volmas D. Jenkins** 409 25. FUNERAL DIRECTOR'S SIGNATURE **Strickland-Rainey** ADDRESS **Dexter, Mo.**

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

5-5-50

RECEIVED APR 24 19

District Health Office No

State File Number 450-

Date Filed

MAY 8 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

[Handwritten Signature] Licensed Embalmer No. 3479

P. O. Address [Handwritten Address]

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.