

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41229  
State File No.

Back 95  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 563

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b> <u>0495</u>	
c. LENGTH OF STAY (In this place) <b>88 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>421 Sergeant Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>421 Sergeant Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>J.J.</b> c. (Last) <b>LEFFEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 10, 1950</b>
5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> <u>1</u>	8. DATE OF BIRTH <b>October 12, 1870</b>
9. AGE (In years last birthday) <b>80</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Drug Store</b>	11. BIRTHPLACE (State or foreign country) <b>Paola, Kansas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Druggist</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William John Leffen</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Hannah Stanford</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Leffen</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stanford Leffen Air Port Drive, Joplin, Mo.</b>
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) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES <b>Arteriosclerosis</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
18. INTERVAL BETWEEN ONSET AND DEATH <b>8 mos</b> <b>5 yrs.</b>			
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) _____		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>11/2</u> , 19 <u>50</u> , to <u>12/10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/8</u> , 19 <u>50</u> , and that death occurred at <u>6:45A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Merilee H. Place, M.D.</b>		23b. ADDRESS <b>Joplin Mo</b>	23c. DATE SIGNED <b>12/11/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 12, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>12-11-50</b>		REGISTRAR'S SIGNATURE <b>Ed S. [Signature]</b> <u>158</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mort. Joplin, Mo.</b>

RECEIVED 7-2-26-50  
Jasper County Health Office

County File Number 50/12/893  
Date Filed 7-2-26-50

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VS JUN 9 1959

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 Charles E. Frey

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4768

P. O. Address Joplin, Mo.

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.