

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3587**

FILED FEB 7 1951

BIRTH NO. _____ REG. DIST. NO. **348** PRIMARY REG. DIST. NO. **4572** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Town		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Town	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) VALEVIA	b. (Middle) M.	c. (Last) Leichty	4. DATE OF DEATH (Month) (Day) (Year) 1-14-51
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4-8-1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Town Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. S. Martin	13b. MOTHER'S MAIDEN NAME Aliza J. Cain	14. NAME OF HUSBAND OR WIFE E.A. Leichty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME E.A. Leichty	ADDRESS New Town Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 60 da 1 yr. 153x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) secondary anemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of colon 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **1/1 1949** to **1/14 1951**, that I last saw the deceased alive on **1/14 1951**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. ...	(Degree or title) no. 2	23b. ADDRESS Harriett Mo.	23c. DATE SIGNED 1-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-51	24c. NAME OF CEMETERY OR CREMATORY New Town	24d. LOCATION (City, town, or county) (State) New Town Mo
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DATE REC'D BY LOCAL REG. Jan. 27	REGISTRAR'S SIGNATURE Erita Caldwell	318	25. FUNERAL DIRECTOR'S SIGNATURE Judith Payne	ADDRESS New Town
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(Licensed Embalmer's Statement on Reverse Side)

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

1050

Date Received: 1-30-57
DISTRICT HEALTH OFFICE #2
District File Number 2-57-287
Date Filed: FEB 6 1951

AUG 23 1956

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.....

T. Howard Judd

Licensed Embalmer No. *5240*

P. O. Address *New Town*

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.