

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30784**

No. 36
10. 1951
FILED OCT 6 - 1951

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Linnegan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>W. Va.</u> COUNTY <u>Wood</u>	
b. CITY OR TOWN <u>Rural Linnegan Township</u>		c. CITY OR TOWN <u>Parkersburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On highway 36</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) <u>Lottie P. Leggett</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 23, 1915</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>35</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Lamar, Colo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Mayhew</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Shimmerhorn</u>	14. NAME OF HUSBAND OR WIFE <u>Howard Leggett</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lottie B. Leggett</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured neck multiple</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lacerations on face</u> DUE TO (c) <u>body died instantly</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9/16/51</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Injury 9/19/51</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental auto accident on highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>on highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Linnegan W. Va.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 18 51 6:26</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>collision with truck on curve #35</u>
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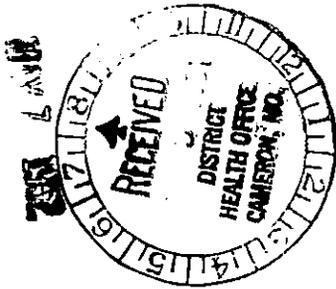
22. I hereby certify that I attended the deceased from Sept 19, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Russell, Coroner</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Chellewhe W. Va.</u>	23c. DATE SIGNED <u>9/19/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisville W. Va.</u>
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DATE REC'D BY LOCAL REG. <u>10-2-1951</u>	REGISTRAR'S SIGNATURE <u>Lottie P. Leggett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald F. Jordan</u>	ADDRESS <u>Chellewhe, W. Va.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



APR 15 1961

APR 1 1961

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 *Ronald L. Jordan*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe 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.