

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5526

State File No.

No. 300
10. 48

FILED FEB 18 1952

BIRTH NO. 86043 REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson 077</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CENTRAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-CENTRAL</u> ^{USCG}	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 2-DeSoto</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 DeSoto, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGIE</u> b. (Middle) <u>Theresa</u> c. (Last) <u>Leffert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30-1952</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Dec. 7-1951</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Claud Leffert</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Keefe</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jane Leffert</u>	18. ADDRESS <u>De Soto, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Strangulation</u>		
	DUE TO (c) <u>Crowning in crib poorly heated house</u>		
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 <u>E 924.0-18</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT OR SUICIDE (Specify) <u>HOMICIDE, Suffocation</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rt 21.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DeSoto Jefferson 050 Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Child was asleep in crib covered with blanket</u>

22. I hereby certify that I attended the deceased from None, 1952, to None, 1952, that I last saw the deceased alive on None, 1952, and that death occurred at None m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas J. Hines M.D.</u>	23b. ADDRESS <u>DeSoto, Mo</u>	23c. DATE SIGNED <u>1-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>DeSoto Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-30-52</u>	REGISTRAR'S SIGNATURE <u>Raclean Marsden 141</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Motherhead</u>	ADDRESS <u>De Soto, Mo.</u>
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 2-5-52

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 Andrew H England

Licensed Embalmer No. 4745

P. O. Address W. State, 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.