

5. No. 3007  
10.48  
MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7668

State File No. ....

BIRTH NO. .... REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5783 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY OR TOWN <u>Royal Byrd</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Byrd Twp. 18160</u>	
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile East Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile East Jackson</u>			

3. NAME OF DECEASED (Type or Print) <u>Charles E. Leidigh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 29, 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR	IF UNDER 1 HR.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>Villa Ridge, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>W.H. Leidigh</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hogendobler</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Mason Leidigh</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. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Mason Leidigh</u>	ADDRESS <u>Jackson, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>10 yrs.</u>
	DUE TO (c) <u>None.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332X</u>	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) (Min.)	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 Nov 15, 1951, to March 7, 1952; that I last saw the deceased alive on Mar 7, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. N. Salger, M.D.</u> (Degree or title)	23b. ADDRESS <u>Jackson, Mo</u>	23c. DATE SIGNED <u>Mar 11, 1952</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>near Cape Gir. Ill.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 11-52</u>	REGISTRAR'S SIGNATURE <u>D. S. Schur 43</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. C. Crawford</u>	ADDRESS <u>Jackson, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Gene C. Crockett

Licensed Embalmer No. 4357

P. O. Address Jackson, 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.