S. No. 300-
v. 10.46

APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15249

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 84

0972

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 801 North Hamner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 0972
d. STREET ADDRESS (If rural, give location): 801 North Hamner

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): William
c. (Last): Leffman

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 13, 1890
9. AGE (In years last birthday): 61 — If under 1 year: Months: 8 Days: 6 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller
10b. KIND OF BUSINESS OR INDUSTRY: Grain Mill
11. BIRTHPLACE (City and State or Foreign Country): Morrison, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Theodore Leffman
13b. MOTHER'S MAIDEN NAME: Dina Hollman
14. NAME OF HUSBAND OR WIFE: Amelia Lydia Leffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 495-01-8066
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Howard Leffman, Marshall, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Scarlet Fever

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: 056X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 1952 *to* 4-18, 1952, *that I last saw the deceased alive on* 4-18, 1952, *and that death occurred at* 12-15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: James C Reid (Degree or title): MD
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 4-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery
24d. LOCATION (City, town, or county) (State): Marshall, Missouri

DATE REC'D BY LOCAL REG.: April, 21-52
REGISTRAR'S SIGNATURE: Sidney T Gray
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Campbell-Lewis Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1953

MAY 10 1952

SEP 15 1952

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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.