

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20556

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2874

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>57 years</u>		d. STREET ADDRESS (If rural, give location) <u>3706 St. John Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3706 St. John Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>LUCINDA</u> c. (Last) <u>LEFFLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1952</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>Widowed</u>		8. DATE OF BIRTH <u>June 17, 1870</u>		9. AGE (In years last birthday) <u>82</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GALLATIN MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JAMES Patton</u>			13b. MOTHER'S MAIDEN NAME <u>LUCINDA</u>			14. NAME OF HUSBAND OR WIFE <u>Robert Leffler</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice B. Williams</u> ADDRESS <u>3706 St. John</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Heart failure, Acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> <u>3 yrs.</u>					
		DUE TO (c) <u>SENESCENCE</u> <u>10 yrs.</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis, Chronic atrophic</u> <u>20 yrs.</u>					

19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>4222</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)	
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?	

22. I hereby certify that I attended the deceased from 12/12/1945 to 6/21/1952, that I last saw the deceased alive on 6/20/1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Q. Chambers Jr.</u> (Degree or title)		23b. ADDRESS <u>1103 Grand Ave</u>		23c. DATE SIGNED <u>6/23/52</u>	
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24a. BURL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>6-24-52</u>		REGISTRAR'S SIGNATURE <u>Eraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Newcomer</u> ADDRESS <u>Kansas City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 5 1952

*Monday*

**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 *Robert Ray*

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.