

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24098**

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>MO</u> c. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) <u>3 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>SULLIVAN</u> <u>0361</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>PEARL</u> c. (Last) <u>LEATH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12 1952</u>				
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>AUG 27, 1904</u>		9. AGE (In years) last birthday <u>47</u>	10. MONTHS <u>10</u>	11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEASBURG MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM ADAMS</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>MILES LEATH</u>			
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Dorothy Bridges Sullivan</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of uterus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>2 yr</u>
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>Sullivan Franklin MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>174X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1952</u> to <u>July 12, 1952</u> that I last saw the deceased alive on <u>July 11, 1952</u> and that death occurred at <u>9:29</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. F. Anderson M.D.</u>				23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>7-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STANTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STANTON MO.</u>		
DATE REC'D BY LOCAL REG. <u>7-14-52</u>		REGISTRAR'S SIGNATURE <u>A. F. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. McEaton Sullivan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar W. Laffoon
Licensed Embalmer No. 3894

P. O. Address Hullman 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.