

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31719**
4045

FILED SEP 27 1952
BIRTH NO. **60725** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4045**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 2 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE SIDE HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) ROUTE #3	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) DEAN c. (Last) LEAVY		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH SEPT. 8, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) Months Days 2 days
11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME KENNETH L. LEAVY		13b. MOTHER'S MAIDEN NAME MARY SYLVIA FAUCETT	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME KENNETH L. LEAVY, HOLDEN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital adeflectasis			
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left lung never did function since birth.		7 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 Sept 8 , 19 52 , to Sept 9 , 19 52 , that I last saw the deceased alive on Sept 9 , 1952, and that death occurred at 10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE James M. Holmberg (Degree or title)		23b. ADDRESS Holden, Mo.	
23c. DATE SIGNED 9-11-52			
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE SEPT. 11, 1952	24c. NAME OF CEMETERY OR CREMATORY HOLDEN CEMETERY	24d. LOCATION (City, town, or county) (State) HOLDEN, MISSOURI
DATE REC'D BY LOCAL REG. 9-13-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE E. B. Cast, Holden, Mo.	

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 _____

E. B. Cart

Licensed Embalmer No. _____

4059

P. O. Address _____

Holden, 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.