

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8396

State File No.

FEB 17 1953

0970
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>6087</u>		PRIMARY REG. DIST. NO. <u>322</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>				
b. CITY OR TOWN <u>Rural-Cambridge</u>		c. LENGTH OF STAY (In this place) <u>12 years</u>		c. CITY OR TOWN <u>Rural-Cambridge</u>		0970		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles West Slater Mo</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles West Slater Mo</u>				
3. NAME OF DECEASED (Type or Print) <u>CHRISTIDE MARY LEIVINE</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Febry. 12 - 53</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>May-5-1903</u>		9. AGE (In years last birthday) <u>49-9-7</u>		10. MONTHS <u>9</u> DAYS <u>7</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General house work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Loose Creek, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Frank Jeagers</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Plattman</u>		14. NAME OF HUSBAND OR WIFE <u>Jule Leivian</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jule Leivian, Slater, Mo #1</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60 days</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ANTECEDENT CAUSES		DUE TO (b) <u>Sclerosis generalized arteriolar (60 da</u>						
DUE TO (c) <u>Liver sclerous</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				5810		
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)		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 <u>Jan 9</u> , 19 <u>53</u> , to <u>Feb 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>53</u> , and that death occurred at <u>6:32 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm O Mac Peterson D.C. I</u>				23b. ADDRESS <u>215 N. 7 Main St.</u>		23c. DATE SIGNED <u>Feb 12, 53</u>		
24a. BURIAL, CREMATION, REMOVAL <u>Buried</u>		24b. DATE <u>2-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery, Slater Mo</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>2/14/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Carl O. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Jones, Slater, Mo</u>				

VS
MAY 10 1966

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 _____

Licensed Embalmer No. 3143

P. O. Address Slater M

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.