

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

420 State File No. **42613**

FILED DEC 21 1953

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5452	Registrar's No. 1117
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY OR TOWN Ash Grove, Mo.		c. CITY OR TOWN Ash Grove	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) South Part of Ash Grove, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION South Part of Ash Grove		0398		
3. NAME OF DECEASED (Type or Print) a. (First) Hannah		b. (Middle) Jane	c. (Last) Leeper	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1856	9. AGE (In years last birthday) 97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) Greene County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Lewis B. Whirrey		13b. MOTHER'S MAIDEN NAME Amanda Likens	14. NAME OF HUSBAND OR WIFE James H. Leeper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. L. Leeper	
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 pulmonary congestion ANTECEDENT CAUSES DUE TO (b) Mitral insufficiency DUE TO (c) Myocardial degeneration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 June 3, 1953 , to December 16, 1953 , that I last saw the deceased alive on Dec. 16, 1953 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Flora F. Metz, D.O.		23b. ADDRESS Ash Grove, Missouri	23c. DATE SIGNED 12-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/18/53	24c. NAME OF CEMETERY OR CREMATORY John's Chapel	24d. LOCATION (City, town, or county) (State) Ash Grove Rt. #2 Mo.	
DATE REC'D BY LOCAL REG. 12-17-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE JW Birch ADDRESS Ash Grove, Mo.		

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

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.....
Signature of Student Embalmer

Signed..... *Richard E. Watts*

Licensed Embalmer No. *4652*

P. O. Address *Ash Grove,*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**