

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43023**
5586

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City #2	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 531 Blue Ridge Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MINTA	b. (Middle) SARAH	c. (Last) LEIGHTY	4. DATE OF DEATH (Month) (Day) (Year) Nov-25-1953
-------------------------------------	-------------------------	--------------------------	--------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 11-1898	9. AGE (In years last birthday) 55	10. MONTHS -	11. DAYS -	12. IF UNDER 12 HRS. -	13. IF UNDER 15 MIN. -
----------------------	-------------------------------	---	-------------------------------------	---	---------------------	-------------------	-------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME John F. Dyer	13b. MOTHER'S MAIDEN NAME Ebbie Hudson	14. NAME OF HUSBAND OR WIFE Edward L. Leighty
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Check yes or unknown) No	16. SOCIAL SECURITY NO. W	17. INFORMANT'S SIGNATURE OR NAME Mrs. E. L. Leighty	18. ADDRESS 531 Blue Ridge Blvd.
--	----------------------------------	---	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure from vent. fibrillation		20 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart blood supply		3 mo.
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4350	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 **11/24/53** to **11/25/53**, that I last saw the deceased alive on **11/24, 1953**, and that death occurred at **8:00 Am.**, from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Jarv	23b. ADDRESS Kansas City, Mo.	23c. DATE SIGNED 11/27/53
---	--------------------------------------	----------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE Nov-28-1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. 11-27-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackburn & Son Inc.	ADDRESS H.C., 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
Student Embalmer

Signed W.C. Reine

Licensed Embalmer No. 4879

P. O. Address W.C., Mission

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.