

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7794**

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **340**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 70 yrs.		d. STREET ADDRESS (If rural, give location) 2503 Penn St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) JAMES	c. (Last) LETTS	4. DATE OF DEATH (Month) (Day) (Year) March 24, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Pres. & Owner	10b. KIND OF BUSINESS OR INDUSTRY Letts Paper Box Co.	11. BIRTHPLACE (City and State or Foreign Country) Birmingham, England	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William T. Letts	13b. MOTHER'S MAIDEN NAME Elizabeth Palmer	14. NAME OF HUSBAND OR WIFE Lizzie L.
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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. 497-14-5236	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lizzie Letts	ADDRESS 2503 Penn St., St.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio vascular disease DUE TO (c) Hypertrophy of Prostate		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-22-54	19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate	20. AUTOPSY? 610X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Mar 21, 1954**, to **Mar 24, 1954**, that I last saw the deceased alive on **Mar 24, 1954**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Charles Greenberg (Degree or title) MD	23b. ADDRESS Phys & Surg Bldg., City	23c. DATE SIGNED 3-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Mar 31, 1954	REGISTRAR'S SIGNATURE 4875 Katherine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Basma ADDRESS Basma Funeral Home
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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

William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph, 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.