

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15089**

FILED JUN 7 1954

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5153 Registrar's No. 24

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

1. PLACE OF DEATH

a. COUNTY Caldwell

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston rural

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Caldwell

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kingston rural

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

a. (First) John b. (Middle) Lincoln c. (Last) Leighty

4. DATE OF DEATH (Month) (Day) (Year) 5 17 54

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 5-15-1863 9. AGE (In years last birthday) 91

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and State or Foreign Country) Trenton, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christopher Leighty 13b. MOTHER'S MAIDEN NAME Elizabeth Harris 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Jay Davis, Kingston, Missouri ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, Basal cell, FACE

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 months

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 191X

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) Kingston, Caldwell, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1954, to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 12:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE Frank R. Diley, M.D. (Degree or title)

23b. ADDRESS Hampden, Mo.

23c. DATE SIGNED 5-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5-19-1954

24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery

24d. LOCATION (City, town, or county) (State) Kingston Missouri

DATE REC'D BY LOCAL REG. June 4-54

REGISTRAR'S SIGNATURE Gladys Jones

25. FUNERAL DIRECTOR'S SIGNATURE Laramer Clark, Kingston, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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..... *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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.