

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40184

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1321

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>35 years</u>	c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 N. 6th St.</u>		e. STREET ADDRESS (If rural, give location) <u>722 N. 6th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Merritt</u> c. (Last) <u>Leighty</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 16, 1954</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>September 24, 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macomb, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>William H. Leighty</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth A. Merritt</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Cora Leighty, 722 N. 6th, St. Joseph, Mo.</u>

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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Cerebral Hemorrhages</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Fell on 12-2-54 at home (cause unknown)</u> Conditions contributing to the death but not related to the disease or condition causing death <u>fractured left femur.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UKN.</u>  <u>Ukn.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>331 X F</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 2, 1954 ? m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>

22. I hereby certify that I attended the deceased from 12/2, 1954, to 12/16, 1954, that I last saw the deceased alive on 12/16, 1954, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Mundy</u>	(Degree of title) <u>M.D.</u>	23b. ADDRESS <u>2801 Sacramento, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>12/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/18/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>

DATE REC'D BY LOCAL REG <u>Dec 21, 1954</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Weston</u>	ADDRESS <u>Bowman St. Joseph Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Eugene Wood*.....

Licensed Embalmer No. *380*.....

P. O. Address *319 S. 10th*.....

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.