

No. 300  
10-48

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12342

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>2-190</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		STREET ADDRESS (If rural, give location) <b>Rt. 2, Jasper, Mo.</b> <b>041</b>	

3. NAME OF DECEASED (Type or Print) <b>Ernest</b> a. (First) <b>E.C.</b> b. (Middle) <b>St</b> c. (Last) <b>Leggett</b>			4. DATE OF DEATH <b>April 17, 1955</b> (Month) (Day) (Year)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 14, 1899</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>W.A. Leggett</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Blanche Leggett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>493-14-3560</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Blanche Leggett, Rt. 2, Jasper, Mo.</b>	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4da</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukopenia</b>		
	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.			

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)	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 April 15, 1955, to April 17, 1955, that I last saw the deceased alive on April 17, 1955, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Alvin Hillman</i> M.D.		23b. ADDRESS <b>1923 Sergeant, Joplin, Mo.</b>		23c. DATE SIGNED <b>4-18-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Oronogo, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>4-23-55</b>	REGISTRAR'S SIGNATURE <i>Ed Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Johnston-Arnce-Simpson</i>	ADDRESS <b>Webb City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed APR 25 1956

1956  
MAR 13 1956  
8 (13)

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.....  
*Harry E. Dancy*

Licensed Embalmer No. 446

P. O. Address W. H. City

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.