

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1638

FILED JAN 15 1958

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 1

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>824 CONNOR</u>		d. STREET ADDRESS (If outside, give location) <u>2314 W 2nd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Albert Leith</u>		4. DATE OF DEATH Month Day Year <u>1-1-1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 1, 1876</u>
9. AGE (In years birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>	
11. BIRTHPLACE (City and state or country) <u>Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm</u>		13b. MOTHER'S MAIDEN NAME <u>Wm</u>	
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) <u>None</u>	
16. SOCIAL SECURITY NO. <u>367-03-8468A</u>		17. INFORMANT Address <u>MARY A. SMITH 2314 W 2nd Joplin, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute medullary failure</u> DUE TO (b) <u>coronary thrombosis</u> DUE TO (c) <u>Coronary arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>immed.</u> <u>12 hrs.</u> <u>unk.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Joplin</u>		20g. COUNTY STATE <u>Missouri MO</u>	
21. I attended the deceased from <u>Dec. 31, 1957</u> and last saw <u>him</u> alive on <u>Dec. 31, 1957</u> Death occurred at <u>8:10 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J E Melbourne M.D.</u>		22b. ADDRESS <u>521 W. 4th Joplin, Missouri</u>	
22c. DATE SIGNED <u>1-4-58</u>		23a. BURIAL, CREMATION, or REMOVAL (Specify)	
23b. DATE <u>1-4-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Osborn Memorial Park</u>	
23d. LOCATION (City, town, or county) (State) <u>Joplin MO</u>		24. FUNERAL DIRECTOR ADDRESS <u>Thomhill - Dillon Joplin Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>1-9-1958</u>		26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Robert C. Roller, Student Embalmer No. 551 working under my personal supervision.

Student Robert C. Roller  
Signature of Student Embalmer

Signed Cecilia Thomhill

Licensed Embalmer No. 3590  
P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.