

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040052
STATE FILE NUMBER
5153

37086-58

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5153

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY BATES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Amsterdam 0078
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ch: IDEUS Mercy / No 26 das		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R # 1
3. NAME OF DECEASED (Type or print) First Middle Last Dennis Leroy Leister			4. DATE OF DEATH Month Day Year 10 - 30 - 58
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-31-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52
11. BIRTHPLACE (City and state or country) Butler Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clifford Leister		13b. MOTHER'S MAIDEN NAME Linda McGuire	
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) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Linda Leister Amsterdam Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congenital Heart Disease DUE TO (c) (Etiology of Fallot)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <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		COUNTY STATE	
21. I attended the deceased from 9/3/58 to 10-30-58 and last saw her/him alive on 10-30-58 Death occurred at 9:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wayne Hart		22b. ADDRESS 1710 Zinsler Ave.	
22c. DATE SIGNED 10/30/58		22d. ADDRESS (City, town, or county) (State) Amsterdam, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-30-58	
23c. NAME OF CEMETERY OR CREMATORY Amsterdam Cemetery		23d. LOCATION (City, town, or county) (State) Amsterdam, Mo.	
24. FUNERAL DIRECTOR Archer Mangold		ADDRESS Amsterdam, Mo.	
25. DATE RECD. BY LOCAL REG. 10-31-58		26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Wayne Hart

(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 Signature of Student Embalmer

Signed Robert L. Mangola

Licensed Embalmer No. 4972

P. O. Address La Crosse, Wis.

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.