

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001796

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5576 Registrar's No. 12

FILED JAN 27 1959

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1. PLACE OF DEATH a. COUNTY <u>Jasper</u> <u>DUAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R.R.#2, Jasper</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>R.R.#2, Jasper</u> <u>490</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Jane Chinn</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Lawrence E. Leggett</u>			4. DATE OF DEATH Month Day Year <u>January 17, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 11, 1929</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>29</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elder Mfg. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shirt factory</u>	11. BIRTHPLACE (City and state or country) <u>Galesburg Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>E. C. Leggett</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Long</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Leggett</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.2</u>	16. SOCIAL SECURITY NO. <u>490-32-8955</u>	17. INFORMANT <u>Mrs Nellie Leggett</u>	Address <u>R.R.#2, Jasper Mo.</u>
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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>Injuries Multiple trauma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Less than 10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUO TO (b) <u>Blush injury skull</u>	
	DUO TO (c) <u>Fracture cervical spine</u>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input checked="" 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.) <u>was pulling load of corn with farm tractor apparently went off road to acta returned on him crushing him to death</u>	
20c. TIME OF INJURY <u>2:45 p.m.</u> Hour Month, Day, Year <u>1-17-59</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Ornate Road north of City</u>		20f. CITY, TOWN, OR LOCATION <u>Missouri</u> COUNTY <u>49</u> STATE <u>Jasper Mo.</u>	
21. I attended the deceased from <u>did not attend</u> and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Ward Ernest M.D. Brown Jasper Co. 3</u>		22b. ADDRESS <u>Med Arts Bldg - Jasper Mo.</u>		22c. DATE SIGNED <u>1-20-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>January 20, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fasken Cemetery</u>	
23d. LOCATION (City, town, or country) <u>N.E. Carthage</u>		23e. STATE <u>Missouri</u>			

24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home, Webb City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-20-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	
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W.W.Hurst - M.D. Coroner Jasper Co.
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1959

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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 *Richard Gray Lewis*

Licensed Embalmer No. *44 05*

P. O. Address *Webb 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.