

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028367

FILED VS AUG 17 1959

Registration District No. 20 Primary Registration District No. 4071 Registrar's No. 34

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Camden.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camdenton, Missouri</u>		c. CITY OR TOWN <u>Camdenton, Missouri</u>	
Length of stay in lb <u>life.</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>None.</u>		d. STREET ADDRESS (If outside, give location) <u>None.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Riley.</u> Middle <u>Spencer.</u> Last <u>Leffert.</u>	4. DATE OF DEATH Month <u>Aug.</u> Day <u>6,</u> Year <u>1959</u>
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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>Nov/25/1884</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	11. BIRTHPLACE (City and state or country) <u>Linnecreek, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Bill Leffert.</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Sisco.</u>	14. NAME OF HUSBAND OR WIFE <u>Emmer. Leffert.</u>
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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>Unknown.</u>	17. INFORMANT Address <u>Mrs. Emmer Leffert. Camdenton, 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>Carcinoma of the Prostate</u> DUE TO (b) <u>With multiple metastases</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____
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21. I attended the deceased from <u>Jul-24-59</u> to <u>Aug-8-59</u> and last saw him alive on <u>Aug-8-59</u> Death occurred at <u>5:30</u> P on the date stated above, and to the best of my knowledge, from the causes stated.
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21. SIGNATURE <u>Thomas A. Wayland</u> M.D.	22b. ADDRESS <u>Camdenton, Missouri</u>	22c. DATE SIGNED <u>8/7/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/9/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Luetta Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Camdenton, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Hedges Funeral Home Camdenton, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 10-1959</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. Irwin</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Claude E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.