

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007309

FILED VS FEB 24 1960

211

Primary Registration District No. 4324

Registrar's No. 8-60

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia		Length of stay in 1b 19 days 2 mos	c. CITY OR TOWN Tuscumbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphrey's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Tuscumbia		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Leroy Last Leffert.			4. DATE OF DEATH Month Feb. Day 11 Year 1960			
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 1-25-60	9. AGE (last birthday) IF UNDER 1 YEAR Months 18 Days 18 Hours Min. IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME James Leffert		13b. MOTHER'S MAIDEN NAME Lois Johnston		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)			16. SOCIAL SECURITY NO.	17. INFORMANT James Leffert, Montreal, Missouri Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Poor Assimilation of Foods DUE TO (c) Prematurity					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)				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		
19. WAS AUTOPSY PERFORMED? YES <input 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 January 25 , to Feb 11, 1960 and last saw him alive on February 11, 1960 Death occurred at 1:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Ink or title) Sumith Redway D.D.			22b. ADDRESS Camdenton Mo.		22c. DATE SIGNED 2-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 13, 1960	23c. NAME OF CEMETERY OR CREMATORY Myetta Cemetery	23d. LOCATION (City, town, or county) Camden County, Mo.			
24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. February 11, 1960	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach			

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

Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden

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