

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4507

FILED FEB 26 1957

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Armstrong, Rural, Prairie 2 weeks</b>		c. CITY OR TOWN <b>Armstrong</b> <u>0450</u> <u>0</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pierce Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Prairie Twp.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALMA</b>	b. (Middle)	c. (Last) <b>LEFFLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16, 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <u>2</u>	8. DATE OF BIRTH <b>Jan. 6, 1876</b>	9. AGE (In years) (Month) (Day) <b>81</b> <u>1</u> <u>0</u>	IF UNDER 1 YEAR <b>0</b>	IF UNDER 24 HRS. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b> <u>1</u>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>Alvin Leffler</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Keith Besgrove Armstrong, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>  <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Severe essential Hypertension</b> DUE TO (b)  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 1, 1956**, to **Feb 16, 1957**, that I last saw the deceased alive on **Feb 15, 1957** and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Fayette, Mo</b>	23c. DATE SIGNED <b>2-16-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/17/1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Windsor Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 20, 1957</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A Carr</b>	ADDRESS <b>Fayette, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40

1700

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, ~~on~~ by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *334*

P. O. Address *Jayette, W.*

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.