

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019216
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 229

5. 300
1-57

0804

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia <u>0804</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) 1023 East Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First STELLA Middle E. Last LEITER			4. DATE OF DEATH Month May Day 9 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 28, 1891
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home-making	11. BIRTHPLACE (City and state or country) Pettis County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert G. Leiter	
13b. MOTHER'S MAIDEN NAME Isabel Atkins Leiter		14. NAME OF HUSBAND OR WIFE None never married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, state branch and date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Henry C. Leiter, 1023 East Broadway Sedalia, 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) CARCINOMATOSIS - GENERALIZED DUE TO (b) (PRIMARY LESION UNDETERMINED) DUE TO (c) 1992 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). SENILITY - MALNUTRITION.			INTERVAL BETWEEN ONSET AND DEATH
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 9:30 Month May Day 3 Year 58 a.m. PM p.m.		20d. INJURY OCCURRED WHILE AT <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 Sedalia COUNTY Pettis STATE Mo.	
21. I attended the deceased from MAY 3 58 to DEATH- and last saw him alive on 9 MAY-58 Death occurred at 9:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Karl B. Hower MD (Deputy title)		22b. ADDRESS Sedalia Mo	22c. DATE SIGNED 10-MAY
23a. BURIAL CREMATION, REMAINS (Specify) Burial	23b. DATE 5/12/58	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	23d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo. 58.
24. FUNERAL DIRECTOR Shane Brown ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. 5-12-58	26. REGISTRAR'S SIGNATURE Francis Shelby

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Rhame Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Edalia*

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.