

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2484**

FILED FEB 4 1952

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre, Mo 0941	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 216 Jan St. Bonne Terre, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Garrett b. (Middle) Andrew c. (Last) Leffridge			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 - 1952		
5. SEX Male	6. COLOR OR RACE White-Cauc.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 15 - 1872	9. AGE (In years last birthday) 80 yrs 5 days	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co	11. BIRTHPLACE (State or foreign country) Jefferson Co. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Mr. Edward Leffridge	13b. MOTHER'S MAIDEN NAME Martha Jane Garrett	14. NAME OF HUSBAND OR WIFE Josephine Miller Harris 1/10/51
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oliver Harris, 1005 E. Main St. ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis		MEDICAL CERTIFICATION Flat River INTERVAL BETWEEN ONSET AND DEATH 2302
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberc Pneumonia		
	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 490X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan - 1, 1952** to **Jan - 20, 1952**, that I last saw the deceased alive on **Jan - 18, 1952** and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. L. Evans MD - Bonne Terre Mo 1-22-52	23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan - 22 - 1952	24c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cemetery
24d. LOCATION (City, town, or county) Bonne Terre		(State) Mo.

DATE REC'D BY LOCAL REG. Jan 23, 1952	REGISTRAR'S SIGNATURE 289 Esther Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Alvin W. Hood - 303 Crane St. Flat River Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10.48

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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
Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crown St. Flat 401

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 this body is not embalmed, fact should be so stated above.