

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

353338

State File No.

FILED OCT 16 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leis Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leis Summit 0461</u>	
c. LENGTH OF STAY (In this place) <u>82 yr</u>		d. STREET ADDRESS (If rural, give location) <u>409 N. Douglas St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>409 N. Douglas St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Leslie</u> c. (Last) <u>Sechler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-52</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	
8. DATE OF BIRTH <u>9-12-1870</u>			9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leis Summit Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Michael Sechler</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Shaffer</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Sechler</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>488-36-1031</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Sechler</u> ADDRESS <u>Leis Summit Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thromboplegic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 da</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>331X</u>		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) _____	
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? _____	

22. I hereby certify that I attended the deceased from 9-5, 1952, to 9-19, 1952, that I last saw the deceased alive on 9-19, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>M. H. Wright</u>		23b. ADDRESS <u>Leis Summit Mo</u>		23c. DATE SIGNED <u>9-22-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u>	
				24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u>	

DATE REC'D BY LOCAL REG. <u>9-22-52</u>		REGISTRAR'S SIGNATURE <u>Dorcas C. Eason</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Langford</u> ADDRESS <u>Leis Summit Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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48

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 *W. B. Langsford*
Licensed Embalmer No. *3233*
P. O. Address *Leis Summit*

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.