

FILED NOV 20 1946

Registration District No. 5528

Registrar's No. 53

1. PLACE OF DEATH:  
 (a) County Hickory  
 (b) City or town Rural - Weaubleau Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 9 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Hickory  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Weaubleau Twp.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZA W. Leibly  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct. day 24 year 1946 hour 5 minute 00 A.M.  
 21. I hereby certify that I attended the deceased from October 1945 to October 24, 1946  
 that I last saw her alive on October 20, 1946  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Anton Leibly 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: July 4 1886  
(Month) (Day) (Year)

Immediate cause of death Myocardial Failure  
 Due to Myocardial Weakness  
 Due to Paralysis of left side  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 90 Months 3 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Amesburg mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Frederick Hickman

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Groenwald

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ms. L. Thomas  
 (b) Address Weaubleau, Mo.

17. (a) Burial (b) Date thereof Oct 25-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burnell Chapel Cem

18. (a) Signature of funeral director E. H. Surin  
 (b) Address Humanville, Mo.

19. (a) Nov 10-1946 (b) W.C. Hargiss  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 3D

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
 While at work? \_\_\_\_\_ Means of injury 2  
 23. Signature A. R. Gaston (M. D. or other) MD  
 Address Weaubleau, Mo. Date signed Oct 25 1946

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

35610

11-18-11  
10-46-2086  
DEPT. OF HEALTH  
DIVISION OF HEALTH SERVICES

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed E. H. Pinn

Licensed Embalmer No. 4282

P. O. Address Humansville, Mo

**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.**