

FILED FEB 9 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 3779

BIRTH NO. 49-00566R REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>	
c. LENGTH OF STAY (in this place) <u>2 da.</u>		d. STREET ADDRESS (If rural, give location) <u>105 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green City 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>TERRY</u> c. (Last) <u>Leedom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 27. 1949</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>U.S. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>HARRY Leedom</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE AKEPS</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Harry Leedom Green City 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>Heart Heart</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u>		
	DUE TO (c) <u>None Found</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION			

19b. MAJOR FINDINGS OF OPERATION	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) m.	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 Jan 27, 1940, to Jan 29, 1949, that I last saw the deceased alive on Jan 28, 1949, and that death occurred at L. P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>M. Herington MD</u>	23b. ADDRESS <u>Green City Mo.</u>	23c. DATE SIGNED <u>Jan 29 - 49</u>
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24a. BURIAL, CREMATION, REBURNAL (Specify)	24b. DATE <u>Jan. 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green City</u>	24d. LOCATION (City, town, or county) (State) <u>Green City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 5 1949</u>	REGISTRAR'S SIGNATURE <u>Laura Catlett</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent - Son</u>	ADDRESS <u>Green City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 249269

Date Filed FEB 8 - 1949

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 _____

Karl R. Kent

Student Embalmer No. 243

working under my personal supervision.

Signed Archie W. Wade

Signed Karl R. Kent
Student Embalmer

Licensed Embalmer No. 3037

P. O. Address Green City, 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.