

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8958

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 7

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ida Mae</u>	b. (Middle)	c. (Last) <u>Leonard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 19 - 49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 25, 1874</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	# UNDER 100 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Grand Island, Neb./</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Raypole</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie A. Park</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel Leonard</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia Fulton Sedalia, Mo.</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster, Johnson, Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Mar 17, 1949, to Mar 19, 1949, that I last saw the deceased alive on Mar 19, 1949, and that death occurred at 5:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Crook (M.D.)</u>	(Degree or title)	23b. ADDRESS <u>Knob Noster, Missouri</u>	23c. DATE SIGNED <u>3/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster</u>	24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 21 1949</u>	REGISTRAR'S SIGNATURE <u>Erma L. Smith</u>	149	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>	ADDRESS <u>Knob Noster, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.

Signed _____

W. Raymond Baker

Signed _____
Student Embalmer

Licensed Embalmer No. *4616*

P. O. Address. *2nd Street, Missoula*

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.