

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14727

4991

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. _____		Registrar's No. 151	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Novinger</b>			c. LENGTH OF STAY (in this place) <b>5 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Novinger</b>			0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>In Novinger, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>No street address</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Leander</b>			b. (Middle) _____		c. (Last) <b>Loe</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1949</b>
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 12, 1869</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Alfred Loe</b>			13b. MOTHER'S MAIDEN NAME <b>Martha McMakan</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Loe</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Loe</b> ADDRESS <b>Novinger, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Valvular Heart Disease</b>  ANTECEDENT CAUSES <b>Disease</b> 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. _____					INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>  <b>4214</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____			
22. I hereby certify that I attended the deceased from _____, 1940 to <b>May 15, 1949</b> , that I last saw the deceased alive on <b>May 15, 1949</b> , and that death occurred at <b>10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree by title) <b>H. P. Garrison M.D.</b>				23b. ADDRESS <b>Novinger, Mo.</b>		23c. DATE SIGNED <b>May 16-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 18, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shibley Point Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Shibley Point, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>May 19-49</b>		REGISTRAR'S SIGNATURE <b>Walter Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent &amp; Son</b>		ADDRESS <b>Green City, Mo.</b>	

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

RECEIVED

District Health Officer No.

District File Number 549-9

Date Filed MAY 24 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 Karl R. Kent  
Student Embalmer

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City

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.