

FILED JUN 14 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5267 State File No. 15250

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. #111 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Galloway		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North Galloway	
c. LENGTH OF STAY (In this place) 46 Yrs		d. STREET ADDRESS (If rural, give location) 3 miles West Highlandville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Highlandville, Mo.			d. STREET ADDRESS (If rural, give location) 3 miles West Highlandville, Mo.
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Elizabeth c. (Last) Maples			4. DATE OF DEATH (Month) (Day) (Year) 5 8 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4-12-1869
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Ellingsworth	
13b. MOTHER'S MAIDEN NAME Anna Jackson		14. NAME OF HUSBAND OR WIFE James S. Maples	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Austin Maples
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, generalized INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic bronchitis DUE TO (c) Chronic bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) Arteriosclerosis, generalized 491X yes about 10 yrs. (2) Rheumatoid arthritis, gen.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 <u>Jun, 1949</u> , to <u>8 May, 1949</u> , that I last saw the deceased alive on <u>May 8, 1949</u> , and that death occurred at <u>3a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE L. S. Leonard M.D.		23b. ADDRESS Osaka, Mo.	
23c. DATE SIGNED 13 May '49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-11-1949		24c. NAME OF CEMETERY OR CREMATORY Highlandville	
24d. LOCATION (City, town, or county) (State) Highlandville Missouri		25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	
DATE REC'D BY LOCAL REG. June 1-1949		ADDRESS Clever, Mo.	

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

229

RECEIVED

District Health Officer No. 6,

District File Number 649-664

Date Filed 6-13-49

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 John Dean Harris.....

Licensed Embalmer No. 4390.....

P. O. Address Clever, 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.