

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18891

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>17</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>700 West Mechanic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Hoyle Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>700 West Mechanic</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LELA</u>		b. (Middle) <u>M</u>		c. (Last) <u>LAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 13 1905</u>	
9. AGE (In years, last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Cass Co., Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Chas May</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Beam</u>		14. NAME OF HUSBAND OR WIFE <u>Don Land</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Don Land Harrisonville Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EMBOLISM, PULMONARY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ... DUE TO (b) <u>INTESTINAL OBSTRUCTION</u> 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 <u>15 mins</u> <u>18 hours</u> <u>4 1/2 X</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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</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>- - -</u>		21f. HOW DID INJURY OCCUR? <u>- - -</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>- - - - -</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Dec 1948</u> , to <u>July 6 1949</u> , that I last saw the deceased alive on <u>July 6 1949</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or Title) <u>Dr. Barger</u>		23b. ADDRESS <u>Dr. Barger Harrisonville, Mo</u>		23c. DATE SIGNED <u>July 7 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Daura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burnsburger's Harrisonville Mo</u>		ADDRESS <u>- - -</u>	

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

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.....

Ernest Rumberger

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville*

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.