

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18935

24

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 3012 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Excelsior Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond</b>	
c. LENGTH OF STAY (in this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>415 South Shaw</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs Hosp!</b>			
3. NAME OF DECEASED (Type or Print) <b>Leoda</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3, 1949</b>	
a. (First)		b. (Middle) <b>Haskell</b>	
c. (Last)			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 27, 1875</b>
9. AGE (Years) (Months) (Days) <b>73 8 6</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Camden, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	
13a. FATHER'S NAME <b>J.B. Chunn</b>		13b. MOTHER'S MAIDEN NAME <b>Isabelle Hughes</b>	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <b>Donald D. Haskell</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>Mrs. Nelle Williams</b>		ADDRESS <b>Richmond, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage acute</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Myocarditis.</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.  <b>None</b>	
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) _____		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 <b>June 1, 1949</b> to <b>July 3, 1949</b> that I last saw the deceased alive on <b>July 3, 1949</b> and that death occurred at <b>9:55 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. B. Ray</b>		23b. ADDRESS <b>Richmond, Mo.</b>	
23c. DATE SIGNED <b>7-5-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 5, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7/3/49</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Richmond</b>		ADDRESS <b>Richmond, Missouri</b>	

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

RECEIVED JUL 11

District Health Officer No. 4,

District File Number \_\_\_\_\_

Date Filed 7-14-49

**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 George A. Shile

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.