

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19028

State File No. \_\_\_\_\_

FILED JUL 11 1949

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5333</u>		Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Rural</u>		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>U</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Leeper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 24 1870</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR (Months) (Days) <u>7 29</u>		IF UNDER 24 HRS. (Hours) (Min.)				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Dade Co</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Robert Bird</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Wilson</u>			14. NAME OF HUSBAND OR WIFE <u>J.T. Leeper</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.T. Leeper Lockwood 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probably malignant of liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u>  <u>45011</u>	
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) (Min.)		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>Dec. 1948</u> to <u>6-22, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>V.D. Combs, M.D.</u>				23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>6-24-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kings Point</u>		24d. LOCATION (City, town, or county) (State) <u>Lockwood Rural Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-30-49</u>		REGISTRAR'S SIGNATURE <u>Geo. R. Weaver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. ALLISON</u>		ADDRESS		

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

29  
0  
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RECEIVED

District Health Officer No. 6,

District File Number 749-758

Date Filed 7-5-49

MAR 13 1951

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 George W. Newcomb

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.