

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22451

FILED AUG 1 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4011 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Mo</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u>	
c. LENGTH OF STAY (In this place) <u>67</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>0</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA JEAN</u> b. (Middle) <u>LIESMAN</u> c. (Last) <u>LIESMAN</u>			4. DATE OF DEATH <u>July 26-1949</u> (Month) (Day) (Year)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 19-1882</u>	9. AGE (In years last birthday) <u>67</u>	10. <u>0</u> YEAR <u>7</u> MONTHS <u>0</u> DAYS <u>7</u> HOURS <u>0</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Watson Mo. Atchison</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Jackson Ruble</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Beamar</u>	
14. NAME OF HUSBAND OR WIFE <u>Michael Liesman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Liesman</u>		ADDRESS <u>Watson Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Temporary Thrombosis</u>		DUE TO (b) <u>Hypertension</u>			<u>Sudden</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure; asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Had many heart attacks during</u>			<u>4 yrs 1</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Saite's</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) 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>Nov 11</u> , 19 <u>39</u> , to <u>July 26</u> 19 <u>49</u> , that I last saw the deceased alive on <u>July 26</u> , 19 <u>49</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James A. Gray M.D.</u>		23b. ADDRESS <u>Watson Mo.</u>		23c. DATE SIGNED <u>July 28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Creek Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Watson - Atchison Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>July 28-49</u>		24f. REGISTRAR'S SIGNATURE <u>James A. Gray</u>	
24g. REGISTRAR'S SIGNATURE		24h. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Johnson</u>	
24i. REGISTRAR'S SIGNATURE		24j. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>Franklin Jones</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.....

*Oral E. Johnson*

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed *Oral E. Johnson*

Licensed Embalmer No. 2839

P. O. Address *Hanbury Iowa*

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.