

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28985

State File No. _____

FILED SEP 9 1949

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where Deceased Lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>	
c. LENGTH OF STAY (In this place) <u>Entire Life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laward</u> b. (Middle) <u>Hamilton</u> c. (Last) <u>Leicester</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 - 1949</u>		
5. SEX <u>M</u> COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 20 - 1876</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>74</u> Months <u>3</u> Days <u>17</u>	
11. BIRTHPLACE (State or foreign country) <u>Scotland Co Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>P. H. Leicester</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Ella Leicester</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>491-14-0763</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa E. Leicester</u> ADDRESS <u>Memphis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental death</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <u>Team ran away</u>		3128	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Laugh in bulky rake</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		ADDITIONAL AUTOPSY? SUPPLEMENTARY <input type="checkbox"/> NO <input 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) _____ INFORMATION (STATE) REQUESTED	
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? <u>99</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>P M Baker Dmt</u> (Degree or title)		23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>8/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 8 - 49</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Friendship Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>8/15/49</u>		REGISTRAR'S SIGNATURE <u>P M Baker Dmt</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland Co Mo</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl T. Bassett</u>		ADDRESS <u>Memphis</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
248

19

06

RECEIVED SEP 6 1949
District Health Officer N
District File Number 7-49
Date Filed SEP 6 1949

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.