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FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33649

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bethany		c. CITY (If outside corporate limits, write RURAL and give township) Bethany	
c. LENGTH OF STAY (in this place) 30 yr		d. STREET ADDRESS (If rural, give location) U.S.69	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED a. (First) Cleo b. (Middle) Marie c. (Last) Tenney			4. DATE OF DEATH (Month) (Day) (Year) 10-19-1949		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 8-20-1895		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 1 Days 29 IF UNDER 28 HRS. Hours Min.			
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Decatur County, Iowa / U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Sam Little		13b. MOTHER'S MAIDEN NAME Mollie Moore		14. NAME OF HUSBAND OR WIFE Ralph Tenney	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Tenney, Bethany, Mo.	
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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) <i>Cerebral atrophy diffuse chronic inflammatory</i>				INTERVAL BETWEEN ONSET AND DEATH 6 months	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.				355X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from July 19 1949, to October 19 1949, that I last saw the deceased alive on October 17, 1949, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Miriam Leabart M.D.</i> (Degree of title)		23b. ADDRESS <i>10027/49</i>		23c. DATE SIGNED <i>10/27/49</i>	
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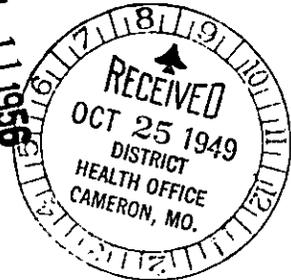
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-21-1949		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Bethany, Mo.	
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DATE REC'D BY LOCAL REG. 10/22/49		REGISTRAR'S SIGNATURE <i>John Burris</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Hancock</i> ADDRESS <i>Bethany, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 11 1956



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 *M. B. Haas*

M. B. Haas.

Signed.....
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.