

No. 300
10.48

FILED OCT 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36087**

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 4522 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Sarah	b. (Middle) Lovisa	c. (Last) Leak	10 9 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 1 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gary, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME James Harris	13b. MOTHER'S MAIDEN NAME Ardelia Rice	14. NAME OF HUSBAND OR WIFE
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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. none	17. INFORMANT'S SIGNATURE OR NAME Luther Leak, Harwood, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid 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. Dropsy		49X 5 yrs.	

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)
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 June 1, 1948, to Oct 8, 1949, that I last saw the deceased alive on Oct. 8, 1949, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. O. Bjerke, D.O.	23b. ADDRESS Rockville, Mo.	23c. DATE SIGNED 10/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10/49	24c. NAME OF CEMETERY OR CREMATORY Greenlawn	24d. LOCATION (City, town, or county) (State) Schell City Mo.
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DATE REC'D BY LOCAL REG. Oct. 10-1949	REGISTRAR'S SIGNATURE 329 Mrs. Sarah E. Grey	25. FUNERAL DIRECTOR'S SIGNATURE Atkinson	ADDRESS Harwood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 73

District File Number 9-49-1253

Date Filed 10-19-49

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

OUTWELL

Licensed Embalmer No. 2709

P. O. Address Harwood, Missouri

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.