

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37928

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Rural Hudson</u> c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY OR TOWN <u>Rural HUDSON TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeriew Rest Home</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leanna</u> b. (Middle) <u>Roper</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 11th 1876</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. _____	11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo. D</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Scutchfield</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Reynolds</u>	
14. NAME OF HUSBAND OR WIFE _____		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Gray West Union, Ill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>176 (days)</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>	
DUE TO (c) <u>Burgie's Disease</u>		unknown	
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 _____	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>Oct. 1</u> , 1949, to <u>Oct. 10</u> , 1949, that I last saw the deceased alive on <u>Oct. 10</u> , 1949, and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. L. Durdent</u> (Degree or title)		23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>11/9/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Berlin Mo</u>
DATE REC'D BY LOCAL REG. <u>11-16-49</u>	REGISTRAR'S SIGNATURE <u>Walter McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stephen Gooding, Macon</u>	

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

610

RECEIVED 11/23/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 11/49/47
Date Filed 11/23/49

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

George W. Davalt Student Embalmer No. 347
working under my personal supervision.

Signed George W. Davalt
Student Embalmer

Signed C. L. Stephens
Licensed Embalmer No. 3057
P. O. Address Macon, Ma

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.