

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1950

No. 300
10-48

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3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Addison RR</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Christy</u> b. (Middle) <u>Olney</u> c. (Last) <u>LeGrande</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-30-1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10/14/1866</u>	
9. AGE (in years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmining</u>		11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmining</u>		11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William LeGrande</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Cornick</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Duganey LeGrande</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OF NAME <u>Blanche LeGrande</u> ADDRESS <u>Madison, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarct</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>4301</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <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) _____ (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 <u>Dec 25th 1949</u> to <u>Dec 30th 1949</u> , that I last saw the deceased alive on <u>Dec 30th 1949</u> and that death occurred at <u>2 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. S. Fleming</u> (Degree or title) _____				23b. ADDRESS <u>Moberly, Missouri</u>		23c. DATE SIGNED <u>Jan 1</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-4-50</u>		REGISTRAR'S SIGNATURE <u>Seal Sullivan</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Seal Sullivan</u>		ADDRESS <u>Madison</u>	

RECEIVED JAN 9 1950
District Health Officer No. 1
District File Number 1-50-7
Date Filed JAN 9 1950

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 _____

Mrs. Fred A. Thompson

Licensed Embalmer No. 3287

P. O. Address *Mudon, Wyo*

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.