

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43980**

BIRTH NO. _____		REG. DIST. NO. <b>369</b>		PRIMARY REG. DIST. NO. <b>6257</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY <b>Wayne</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Frances Rural</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural St. Francis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>This is near Patterson</i>				d. STREET ADDRESS (If rural, give location) <b>N ear Patterson</b>			
3. NAME OF DECEASED (Type or Print) <b>Rebecca Leach</b>			a. (First) <b>Rebecca</b> b. (Middle) <b>Leach</b> c. (Last) <b>Vannoy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 21 1949</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>April 22, 1868</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Month <b>4</b> Days <b>5</b>		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Tenn. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Rainy Ward</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Onesby</b>			14. NAME OF HUSBAND OR WIFE <b>Jeff Vannoy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Andrew J. Leach, Patterson, Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>age</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>  <b>491K</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
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) (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 <b>Aug 17, 1949</b> , to <b>Aug 27, 1949</b> , that I last saw the deceased alive on <b>Aug 26, 1949</b> and that death occurred at <b>9:00 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>William F. Wagner</i>			23b. ADDRESS <i>W. F. Wagner, W. F. Wagner, Mo</i>		23c. DATE SIGNED <i>Sept 13 49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 30, 49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bounds Creek</b>		24d. LOCATION (City, town, or county) (State) <b>Wayne County, Missouri</b>	
DATE REC'D BY LOCAL REG <b>Dec 7, 1949</b>		REGISTRAR'S SIGNATURE <i>Susan O. Piles</i> <b>340</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>William Porter Piedmont</i>			

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

RECEIVED

FEB 2 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-1628

**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 \_\_\_\_\_

CODER FUNERAL HOME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed William Coder

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.