

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7551**

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5068 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Doylesport</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Doylesport</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>ETTA</u> c. (Last) <u>LEAVELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7, 1869</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Thomas Deem</u>	13b. MOTHER'S MAIDEN NAME <u>Julia ann James</u>	14. NAME OF HUSBAND OR WIFE <u>W.E. Leavell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yp, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Bartlett Sheldon</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331x</u>	

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) <u>Sheldon Vernon Mo</u>
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?

22. I hereby certify that I attended the deceased from 3-10, 1950, to 3-14, 1950, that I last saw the deceased alive on 3-14, 1950, and that death occurred at 10:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Guldner M.D.</u>	23b. ADDRESS <u>Lancaster</u>	23c. DATE SIGNED <u>3-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 20 1950</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Berrel</u>	ADDRESS <u>Sheldon, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

2060

RECEIVED MAR 28 1950

District Health Office No. 6,

District File Number 350-382

Date Filed 3-30-50

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

L. Gerald Beery

Signed.....

Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Sheldon, 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.