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FILED MAY 5 1950THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14168

BIRTH NO. _____		REG. DIST. NO. 292	PRIMARY REG. DIST. NO. 60023	Registrar's No. 22
1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN RFD? Center, Saltriver		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD. Center, Saltriver 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Amy b. (Middle) Barbara c. (Last) Leake		4. DATE OF DEATH (Month) (Day) (Year) April, 18, 1950		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 10, 1881	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	11. BIRTHPLACE (State or foreign country) Five mi. West, Center, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Five mi. West, Center, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John B. Smith		13b. MOTHER'S MAIDEN NAME Emma F.	14. NAME OF HUSBAND OR WIFE Clyde Leake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Clyde Leake, Center, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver, Stomach, Small & Large Intestine ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 10 mo 1948
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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) Center, Missouri	(COUNTY) Ralls
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 Aug. 15, 1949, to April 18, 1950, that I last saw the deceased alive on April 18, 1950, and that death occurred at 11 P.M., from the causes and on the date stated above.				
23a. SIGNATURE C. H. Brooks, Jr. D.O.		23b. ADDRESS Center, Missouri		23c. DATE SIGNED 4/20/1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/1950	24c. NAME OF CEMETERY OR CREMATORY Grand View Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri	
DATE REC'D BY LOCAL REG. 4/20/1950	REGISTRAR'S SIGNATURE Clyde W. Wilson	25. FUNERAL DIRECTOR'S SIGNATURE Couch & Wilson	ADDRESS Center, Missouri	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED MAY 1 1950
District Health Officer No. _____
District File Number _____
Date Filed _____

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 _____
Student Embalmer

Signed *Clyde C. Wilkey*
Licensed Embalmer No. *3820*

P. O. Address *Perry, Va*

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.