

0.300  
0.48

Dr. H. B. Wray  
FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15652

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 666

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Nevada</u> 106.4	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 E. Walnut</u>		d. STREET ADDRESS (If rural, give location) <u>405 E. Walnut.</u>	

3. NAME OF DECEASED a. (First) <u>Beryl</u> (Type or Print)	b. (Middle) <u>A.</u>	c. (Last) <u>Leblinc</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-50</u>
---	-----------------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 3, 1913.</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 YEAR Days <u>27</u>	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Cotton, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Hardee Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs. Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Leblinc</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Leblinc</u>	ADDRESS <u>Nevada, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Alcoholism</u>		<u>3-4 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>embolic drop. No other evidence of disease found.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			<u>322)</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input checked="" 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 29 Apr, 1950, to 30 Apr, 1950, that I last saw the deceased alive on 29 Apr, 1950, and that death occurred at 7 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Wray MD</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>1 May 1950</u>
--	-------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton's Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>May 3, 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u> 3310	25. FUNERAL DIRECTOR'S SIGNATURE <u>Eschinger Funeral Home</u>	ADDRESS <u>Nevada, Mo.</u>
---	--	--	----------------------------

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

RECEIVED - 5-9-50  
District Health Officer No. 7;  
District File Number 4-50-481  
Date Filed 5-9-50

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard T. Shorten*

Licensed Embalmer No. 4532

P. O. Address Nevada, mi

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.