

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5322

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4311 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u> <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leola</u> b. (Middle) <u>May</u> c. (Last) <u>Hepworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-14-51</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unwedded</u>	8. DATE OF BIRTH <u>2-24-28</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>State of Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Warbritton</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Jane Smith</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Led Hepworth</u>	ADDRESS <u>Callao Mo</u>
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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>about 1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u> DUE TO (c) <u>Congestive Heart Failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Dec 23, 1950, to Jan. 14, 1951, that I last saw the deceased alive on Jan. 11, 1951, and that death occurred at 2:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ains S. Eissis</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Callao, Mo</u>	23c. DATE SIGNED <u>Jan. 15, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lagardt Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-22-51</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u> <u>397</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Edwards</u>	ADDRESS <u>Bevier Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0610

RECEIVED 2.6.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 2.51.25
Date Filed 2.16.51

~~Date Received: 1-30-51
District Health Office #2
District File Number~~

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DISTRICT HEALTH OFFICE #2
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. _____

Student _____
Student Embalmer

Signed W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Revis, 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.