.S. No. 300
Rev. 10.48

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FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5579

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 78

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1406 E. 5th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn, 0760
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Dorothea b. (Middle) Leach c. (Last) Jett

4. DATE OF DEATH (Month) (Day) (Year): Mar. 4, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 17, 1864
9. AGE (In years last birthday): 87 — If under 1 year: Months 1 Days 17 — If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (State or foreign country): Cooper Hill, Mo.
12. CITIZEN OF WHAT COUNTRY?: This

13a. FATHER'S NAME: Wm Leach
13b. MOTHER'S MAIDEN NAME: Wilhelmia Becker
14. NAME OF HUSBAND OR WIFE: James Jett M.D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Robt. Newman. Sedalia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gen. Arteriosclerosis
DUE TO (c) 331 K

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 1951, *to* 3-4, 1951, *that I last saw the deceased alive on* 3-4, 1951, *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J W Boger MD
23b. ADDRESS: Sedalia Mo
23c. DATE SIGNED: 3-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 4, 1951
24c. NAME OF CEMETERY OR CREMATORY: Linn Public
24d. LOCATION (City, town, or county) (State): Linn, Mo.

DATE REC'D BY LOCAL REG.: 3-5-1951
REGISTRAR'S SIGNATURE: A. J. Campbell M.D. Goldie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Vernon Morton
ADDRESS: Morton Funeral Home Linn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-12-51

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 Vernon M. Morton

Signed _____
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Lima 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.