

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7826

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark	
c. LENGTH OF STAY (in this place) 1 Year		d. STREET ADDRESS (If rural, give location) Ozark Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Lottie b. (Middle) Charlottie c. (Last) Leake			4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 10 1873	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo 0	
				12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Revel I Henderson		13b. MOTHER'S MAIDEN NAME Emma Coonrod		14. NAME OF HUSBAND OR WIFE widower	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME: Noel M Hall ADDRESS: Ozark 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy		2 weeks	
		DUE TO (c) Arteriosclerosis			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		490X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 Feb 6, 1951, to Feb 15, 1951, that I last saw the deceased alive on Feb 15, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Vincent R. McCormick D.O. 2020		23b. ADDRESS Ozark Mo		23c. DATE SIGNED 2/20/51	
---	--	-----------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Maple Park	
				24d. LOCATION (City, town, or county) (State) Lawrence Co, Moore, Mo.	

DATE RECD BY LOCAL REG. Feb 5 1951		REGISTRAR'S SIGNATURE Loretta Leonard		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin ADDRESS Ozark Mo.	
------------------------------------	--	---------------------------------------	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED MAR 13 1951

Dist. File 351-567

Date Filed 3-16-51

OCT 30 1957

---

---

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

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozak, 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.