S. No. 300
v. 10.48

FILED MAR 26 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9114

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 33

0512
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**1. PLACE OF DEATH**
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg 0512
d. STREET ADDRESS (If rural, give location): 709 S. Maguire

**3. NAME OF DECEASED** (Type or Print)
a. (First): Junette
b. (Middle):
c. (Last): Leeders

**4. DATE OF DEATH** (Month) (Day) (Year): March 14, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Sept. 3, 1870
**9. AGE** (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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**: Homemaking
**11. BIRTHPLACE** (State or foreign country): Arkansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Henry Wilson
**13b. MOTHER'S MAIDEN NAME**: Unknown Husbee
**14. NAME OF HUSBAND OR WIFE**: William F. Leeders

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME - ADDRESS**: Mr. J.C. Leeders Warrensburg, 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): Left Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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

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* March 7, 1951, *to* March 14, 1951, *that I last saw the deceased alive on* March 14, 1951, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] M.D.
**23b. ADDRESS**: Warrensburg, Mo
**23c. DATE SIGNED**: March 15, 51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-16-51
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): Mt. Grove, Missouri

**DATE REC'D BY LOCAL REG.**: Mar. 15, 1951
**REGISTRAR'S SIGNATURE**: Savannah Curtis Feeler 147
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: R. A. Brammeyer Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 20 1951
JOHNSON COUNTY HEALTH DEPT.

MAR 26 1951

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**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 R A Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

Signed.....
Student Embalmer

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.