

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24116**

FILED AUG 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **423**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salt Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salt Springs Township</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>Rural 0880</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pleasant View Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cynthia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Leonard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 25<sup>th</sup> 1951</b>		
--	--	--	---	--	--

5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Aug 7 1878</b>		9. AGE (In years last birthday) <b>72</b>		10. IF UNDER 1 YEAR: Months _____ Days _____		10. IF UNDER 15 HRS. Hours _____ Min. _____	
--------------------	--	-------------------------------	--	---	--	------------------------------------	--	---	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? _____	
--	--	---	--	---	--	------------------------------------	--

13a. FATHER'S NAME <b>Nicholas Hager</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah C. Ballard</b>		14. NAME OF HUSBAND OR WIFE _____			
--	--	---	--	-----------------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Pearl Gillispie, Moberly Mo</b>				ADDRESS _____	
---	--	---	--	--	--	--	--	---------------	--

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) <b>Myocardia degeneration</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis - Grade IV</b>							
		DUE TO (c) <b>Coronary Sclerosis</b>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Dementia</b>							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4201</b>	
--	--	--	--	---	--

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? _____	
--	--	--	--	----------------------------------	--

22. I hereby certify that I attended the deceased from **July 1, 1951**, to **July 25, 1951**, that I last saw the deceased alive on **July 1, 1951**, and that death occurred at **11:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs. M. Seelman Da</b> (Degree or title)		23b. ADDRESS <b>Huntsville, Mo</b>		23c. DATE SIGNED <b>7/31/51</b>	
--	--	------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 27<sup>th</sup> 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Huntsville Mo</b>	
---	--	--	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>Aug 2-1951</b>		REGISTRAR'S SIGNATURE <b>Mrs G.A. Bo 2700</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahaw and Son, Moberly Mo</b>		ADDRESS _____	
--	--	---	--	---	--	---------------	--

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

80  
4

Date Received: **AUG 7 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number **8-51-1416**  
Date Filed: **AUG 7 1951**

**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 Frank W DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.