

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29627**

FILED SEP 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **405 & Registrar's No. 404**

1. PLACE OF DEATH a. COUNTY <b>Butter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butter</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harvee</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harvee</b> (121)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Route 1.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Larry</b> b. (Middle) <b>Washington</b> c. (Last) <b>League</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 17 1951</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>Caucas</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>6-24-1889</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Conway County Ark. 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. a.</b>
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13a. FATHER'S NAME <b>Ashbury League</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Mary League</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary League Harvee, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b> <b>9</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b>		
	DUE TO (c) <b>331X</b>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **15 Aug 1951**, to **17 Aug 1951**, that I last saw the deceased alive on **16 Aug 1951**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. D. Johnson</b>	23b. ADDRESS <b>321 Oak Poplar Bluffs, Mo</b>	23c. DATE SIGNED <b>8/17/51</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>8-21-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Harvee, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept 20 1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rt. 1 B. Road, Poplar Bluffs, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 27 1951

BUTLER CO. HEALTH CENTER

FILE No. 957-423

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.