

No. 300  
10.48

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31150**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **227**

883

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

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>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Narrows</b> 0610	
c. LENGTH OF STAY (in this place) <b>6 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>Box 44 Excello.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Julie</b> b. (Middle) <b>FRANCES</b> c. (Last) <b>Leathers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	
8. DATE OF BIRTH <b>May 28, 1903</b>		9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jim White</b>	
13b. MOTHER'S MAIDEN NAME <b>Willie Dennis</b>		14. NAME OF HUSBAND OR WIFE <b>Claude Leathers</b>			

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>No.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Claude Leathers</b> ADDRESS <b>Excello, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Ovary</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>175x</b>	
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?	
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22. I hereby certify that I attended the deceased from **Aug. 13, 1951**, to **Sept. 24, 1951**, that I last saw the deceased alive on **Sept. 24, 1951**, and that death occurred at **10:15** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. Stewart</b> (Degree or title)		23b. ADDRESS <b>Moberly, Mo.</b>		23c. DATE SIGNED <b>28 Sept 51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 26, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>	
				24d. LOCATION (City, town, or county) (State) <b>Macon, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>9-26-51</b>		REGISTRAR'S SIGNATURE <b>Earl William Love</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stephens &amp; Goodding</b> ADDRESS <b>Macon, Mo.</b>	
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Date Received: OCT 1 1951

DISTRICT HEALTH OFFICE #2

District File Number 10-57-1741

Date Filed: OCT 2 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Charles L. Sutton*

Licensed Embalmer No. 4577

P. O. Address. *Nelson, 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.