

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34084**
162

FILED OCT 24 1951

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
c. LENGTH OF STAY (in this place) 22yrs		d. STREET ADDRESS (If rural, give location) 130 N. Liberty	
d. FULL NAME OF HOSPITAL OR INSTITUTION 130 N. Liberty		e. STREET ADDRESS (If rural, give location) 130 N. Liberty	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) LEATHERWOOD			4. DATE OF DEATH October 15, 1951 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 25, 1867		9. AGE (In years last birthday) 84		10. MONTHS 2 DAYS 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jim Nankive ll		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE	
--	--	--	--	-----------------------------	--

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. 0		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dona Mae Kent ADDRESS Webb City, Mo.	
--	--	----------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia terminal		DUPLICATE (b) Fracture of left hip		1 day	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) _____		3 weeks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9040			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 049 23 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webb City Jasper Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental fall	

22. I hereby certify that I attended the deceased from **Oct 14, 1951**, to **Oct 15, 1951**, that I last saw the deceased alive on **Oct 15, 1951**, and that death occurred at **9 p** m., from the causes and on the date stated above.

23a. SIGNATURE R. M. Stromont, M.D. (Degree or title)		23b. ADDRESS Webb City Mo		23c. DATE SIGNED Oct 16 1951	
--	--	----------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Purcell Cemetery	
				24d. LOCATION (City, town, or county) (State) Purcell, Missouri	

DATE REC'D BY LOCAL REG. Oct 19-51		REGISTRAR'S SIGNATURE J.L. Britch		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis ADDRESS Webb City, Mo.	
---	--	--	--	---	--

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

RECEIVED 10-23-51

Jasper County Health Office

County File Number 51/10/795

Date Filed 10-23-51

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 Leonard Lewis
Licensed Embalmer No. 4561

P. O. Address Wells City, 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.