

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

38038

State File No. ....

FILED DEC 7 1951

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BIRTH NO. _____		REG. DIST. NO. <u>182</u>		PRIMARY REG. DIST. NO. <u>5686</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY OR TOWN <u>Linn</u>		c. LENGTH OF STAY (In this place) <u>8 months</u>		c. CITY OR TOWN <u>Humphreys</u>		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linn County Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u>		b. (Middle) <u>Brice</u>		c. (Last) <u>Demits</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 27 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 18 1880</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rooming House</u>		11. BIRTHPLACE (State or foreign country) <u>Walker Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Brice A. Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Phylena Adelia Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Demits</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bess O. Crawford Humphreys Mo</u> 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) <u>Mitral Endocarditis</u> ANTECEDENT CAUSES <u>Mitral Regurgitation</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>7 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		410X	
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 <u>Mar 16, 1951</u> , to <u>Nov 18, 1951</u> , that I last saw the deceased alive on <u>Nov 18, 1951</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bob Haley</u> (Print or title)				23b. ADDRESS <u>Brookfield, Mo</u>		23c. DATE SIGNED <u>11/25/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humphreys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humphreys Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 9-1951</u>		REGISTRAR'S SIGNATURE <u>Miss Budie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>		ADDRESS <u>Funeral Home Loreda</u>	

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

Date Received: DEC 4 1961  
DISTRICT HEALTH OFFICE #2  
District File Number 12-57-2172  
Date Filed: DEC 5 1961

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.....

*J. M. Robertson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4388

P. O. Address Laredo, Me

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.