

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1112

FILED JAN 22 1957

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 90

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

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural HOWELL TWP.		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN. VIEW, MISSOURI		d. STREET ADDRESS (If rural, give location) 0460
d. FULL NAME OF HOSPITAL OR INSTITUTION HOWELL COUNTY FARM					
3. NAME OF DECEASED (Type or Print) a. (First) NEWTON b. (Middle) — c. (Last) LEGRAND			4. DATE OF DEATH (Month) (Day) (Year) JAN. 7, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmer Dix, W. Plains, Mo. Rt. 1		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemiplegia - left - 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3314		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)		
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?		
22. I hereby certify that I attended the deceased from 4 Jan , 1952, to 7 Jan , 1952, that I last saw the deceased alive on 4 Jan , 1952, and that death occurred at 9:25 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Beatrice Cook			23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 9 Jan 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 8, 1952	24c. NAME OF CEMETERY OR CREMATORY HOWELL COUNTY FARM	24d. LOCATION (City, town, or county) (State) HOWELL COUNTY MO.		
DATE REC'D BY LOCAL REG. 1-16-52		REGISTRAR'S SIGNATURE Beatrice Cook 379		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Bourne, W. Plains, Mo.	

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 Hal Feunburg

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.