

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300  
V. 10.48

FILED JAN 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. 1

58

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

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>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summers Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Mo. Rural</u>	
c. LENGTH OF STAY (In this place) <u>6 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Locust Creek Tur</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Labar</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5th 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 23-1887</u>	9. AGE (In years last birthday) <u>64</u>	10. MONTHS <u>7</u> 11. DAYS <u>16</u> 12. IF UNDER 1 YEAR IF UNDER 12 HRS. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Linn Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Ann Hardin</u>		14. NAME OF HUSBAND OR WIFE <u>John Labar</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Labar</u> ADDRESS <u>Summers Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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		<u>Hypertension</u>			<u>3 years</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 Jan 1, 1952, to Jan 5, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Martin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Browning Mo.</u>		23c. DATE SIGNED <u>1/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 7th 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>P.O.O.F.</u>	
24d. LOCATION (City, town, or county) (State) <u>Summers Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Jan 12, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Lillian Kelleher</u> 165		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brother's Funeral Home</u> ADDRESS _____	
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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 W. R. Truigent

Licensed Embalmer No. 4655

P. O. Address Leeds, 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.