

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7097

State File No.

FILED MAR 13 1952

BIRTH NO. 5414 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 14

1109

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bretton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bretton 1100</u>	
c. LENGTH OF STAY (in this place) <u>Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Petoski</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Near Petoski mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Allen</u> c. (Last) <u>Leonoria</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 18-51</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR <u>14</u> Months	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Virgil Leonoria</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Schriber</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bell Leonoria Mineral Point mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	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) (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 Feb. 29, 1951, to March 2, 1952, that I last saw the deceased alive on Feb. 29, 1951, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmund J. Lake, Jr.</u>	23b. ADDRESS <u>100 Petoski mo.</u>	23c. DATE SIGNED <u>March 6, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Higgins Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/8/52</u>	REGISTRAR'S SIGNATURE <u>Helmut Rudall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spahr</u>	ADDRESS <u>Petoski mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 11 1952

WASH. COUNTY HEALTH DEPT.

File No. 352-299

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 Murphy Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.