

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7178

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City</u> <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home # 2</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) _____ c. (Last) <u>LeGrand</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 52</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>8/7/1872</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 2 HRS. Hours _____ Min. _____
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 <u>/</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Aquila Caudle b</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida Angelina</u>		14. NAME OF HUSBAND, OR WIFE <u>Mr. Samuel LeGrand</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>W K</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Long</u> ADDRESS <u>Queen City, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Congestive Heart failure.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-3-41</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)	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>Sept 18, 1951</u> , to <u>March 18, 1952</u> , that I last saw the deceased alive on <u>March 18, 1952</u> , and that death occurred at <u>2:40 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. T. Lutenash</u>		23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>3-18-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Town Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Queen City Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-20-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank L. Cook</u> ADDRESS <u>Queen City Mo.</u>	

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

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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 *Jack H. Dooly*

Licensed Embalmer No. *4619*

P. O. Address *Queen 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.