

11695

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

MAR 21 1952

BIRTH NO.		REG. DIST. NO. <u>335</u>		PRIMARY REG. DIST. NO. <u>4492</u>		Registrar's No. <u>170</u>			
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>		c. LENGTH OF STAY (In this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>		10000			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ORAN</u>				d. STREET ADDRESS (If rural, give location) <u>ORAN</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>MADGALENA</u>		c. (Last) <u>LEGRAND</u>			
4. DATE OF DEATH		(Month) <u>MARCH</u>		(Day) <u>8</u>		(Year) <u>1952</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>SEPT. 15 1869</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
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>IN OWN HOME</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>VALENTINE SCHERER</u>			13b. MOTHER'S MAIDEN NAME <u>VERONICA HEISSERER</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN B. 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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HUGO L. LEGRAND</u>		ADDRESS <u>ORAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vasculolar Hypertension</u> 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 <u>331X</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) (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 <u>on 3/7, 1952</u> , to _____, that I last saw the deceased alive on <u>3/7, 1952</u> , and that death occurred at <u>2:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. C. J. ...</u>				23b. ADDRESS <u>Oran Mo</u>		23c. DATE SIGNED <u>3/9/52</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 10 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW GUARDIAN ANGELS</u>		24d. LOCATION (City, town, or county) (State) <u>ORAN; SCOTT COUNTY, MO</u>			
DATE REC'D BY LOCAL REG. <u>3-14-52</u>		REGISTRAR'S SIGNATURE <u>Mrs Fred ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl ...</u>		ADDRESS <u>ORAN, MO.</u>			

(Licensed Embalmer's Statement - Reverse Side)

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

RECEIVED MAR 17 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-82

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

Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Crown, 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.