

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23413**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **90**

080
2

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp		c. LENGTH OF STAY (In this place) 3-4-27	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sadalia Mo. 0804	
d. STREET ADDRESS (If rural, give location) 130 So Monitaw (Bebe)		4. DATE OF DEATH (Month) (Day) (Year) 6-30-52	
3. NAME OF DECEASED (Type or Print) a. (First) LEONA b. (Middle) — c. (Last) Bebe		4. DATE OF DEATH (Month) (Day) (Year) 6-30-52	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-14-1888
9. AGE (In years) (last birthday) 63		IF UNDER 1 YEAR (Month) (Day) 11. 16.	IF UNDER 2 HRS. (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work during most of working life, when if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John W. Kelley	
13b. MOTHER'S MAIDEN NAME Mary Winkham		14. NAME OF HUSBAND OR WIFE Edward A. Bebe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Edward A. Bebe		ADDRESS Sadalia Mo	
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) Arterio Sclerotic heart disease DUE TO (b) disease DUE TO (c) _____ 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 4200	
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 2-3-1949 to 6-30-1952 ; that I last saw the deceased alive on 6-29-1952 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. B. Bernick M.D.		23b. ADDRESS State Hospital # 3	
23c. DATE SIGNED 6-30-52			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 7-2-52	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Sadalia Mo	
DATE REC'D BY LOCAL REG. 6-30-52		REGISTRAR'S SIGNATURE Anna E. Fertig	
FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bros		ADDRESS Sadalia Mo	

EST 28700

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 J.P.M. Crary
Licensed Embalmer No. 2153
P. O. Add. Sodala, 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.