

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

150 SEP 2 1952

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>69</u>					
1. PLACE OF DEATH a. COUNTY <u>RAY</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>HARDIN</u> c. LENGTH OF STAY (in this place) <u>3 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>HARDIN</u> <u>0890</u> d. STREET ADDRESS (If rural, give location) <u>St not listed</u> <u>0</u>							
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>			a. (First) <u>LETHOLT</u>		b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 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>APRIL 4 1864</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>ABRAHAM POPE</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN BRIGHT</u>			14. NAME OF HUSBAND OR WIFE <u>THOMAS LETHOLT</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>ELLA LETHOLT</u>			ADDRESS <u>HARDIN 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>Cardiac Dilatation</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Coronary Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u> <u>3 Weeks</u> <u>Unknown</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) _____		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>August 2, 1952</u> , to <u>August 21, 1952</u> , that I last saw the deceased alive on <u>August 21, 1952</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Henry S. Holloway D.O.</u>				23b. ADDRESS <u>Hardin, Mo.</u>			23c. DATE SIGNED <u>8/23/52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem.</u>		24d. LOCATION (City, town, or county) <u>Ray Co.</u>		(State) <u>Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 25-1952</u>		REGISTRAR'S SIGNATURE <u>Walter Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trappschuld & Ruchling</u>		ADDRESS <u>Hardin, Mo.</u>					

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

LS

23 0 1 7 8

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

Cyrus Borcharding

Licensed Embalmer No. *4678*

P. O. Address *Harding 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.