

FILED JAN. 20 1953

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Port		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Port	
c. LENGTH OF STAY (in this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Johanna		b. (Middle) Solberg		c. (Last) Leap		4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 25, 1863		9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days 10 11	IF UNDER 12 HRS. Hours Mins. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Nordfjord, Norway		12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME Abalona Solberg		13b. MOTHER'S MAIDEN NAME Christina		14. NAME OF HUSBAND OR WIFE W.R. Leap	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Buehal Anderson	
				ADDRESS Rock Port	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis myocardial infarction		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis DUE TO (c) 4201		20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral thrombosis			1 day
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 **Jan 5, 1953** to **Jan 6, 1953**, that I last saw the deceased alive on **Jan 5, 1953**, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Harvin J. Schaefer	(Degree or title) MD.	23b. ADDRESS Rock Port, Mo.	23c. DATE SIGNED 1/7/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Tarkio Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio Mo.

DATE REC'D BY LOCAL REG. Jan 16, 1953	REGISTRAR'S SIGNATURE Harvin J. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE J.M. Davis	ADDRESS Tarkio, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2030

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 John M. Davis, Jr.
Licensed Embalmer No. 4869

P. O. Address Yukio, 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.