U.S. No. 300
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FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8426

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 3

1001
1

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN: CHAFFEE (If outside corporate limits, write RURAL and give township): KELSO
c. LENGTH OF STAY (In this place): 74yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 326 E. PARKER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE 1001
d. STREET ADDRESS (If rural, give location): 326 E. PARKER 6

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): RACHEL
c. (Last): LEDEUR

4. DATE OF DEATH (Month) (Day) (Year): 2 8 1953

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 7-18-1871
9. AGE (In years last birthday): 81
If under 1 year: Months: 6 Days: 21
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): CARMI ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JACKSON GENTRY
13b. MOTHER'S MAIDEN NAME: SARAH RACHEL GENTRY
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Miss Rosie LeDeur
ADDRESS: Chaffee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 WK

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 491X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: PULSUS ALTERNANS, MYOCARDOSIS

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NONE

22. *I hereby certify that I attended the deceased from* Feb 1, 1953, *to* Feb 8, 1953, *that I last saw the deceased alive on* Feb 8, 1953, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Moebach, D.O.
23b. ADDRESS: CHAFFEE, MO.
23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-1953
24c. NAME OF CEMETERY OR CREMATORY: St. Augustine Cemetery
24d. LOCATION (City, town, or county) (State): Kelso, Mo.

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: Mrs Fred Bingham
25. FUNERAL DIRECTOR'S SIGNATURE: M. Stubblefield
ADDRESS: Chaffee, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 16 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 253-43

MAR 9 1953

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 C. J. Lobery

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau 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.