

FILED OCT 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. 31748

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3656 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY AUDRAIN			
b. CITY (If outside corporate limits, write RURAL and give town) MOBERLY		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY OR TOWN MEXICO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION WHITTAKER HOSPITAL				f. STREET ADDRESS (If rural, give location) 315 N. WESTERN			
3. NAME OF DECEASED (Type or Print) a. (First) ADA b. (Middle) LEONA c. (Last) LE GRAND			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 9, 1870		9. AGE (In years last birthday) 86	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) MONROE County, Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME William Delaney		13b. MOTHER'S MAIDEN NAME Nancy Chinn		14. NAME OF HUSBAND OR WIFE C.A. LEGRAND			
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 ADDRESS ELMA RAGSDALE - MEXICO, 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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of breast,						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 4500H 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) (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 6-29, 1956 , to 10-1, 1956 ; that I last saw the deceased alive on 10-1, 1956 , and that death occurred at 11:53 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E.T. Whitaker				23b. ADDRESS Moberly, Mo		23c. DATE SIGNED 10-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 3 1956	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.		24d. LOCATION (City, town, or county) (State) MONROE County, Mo		
DATE REC'D BY LOCAL REG. Oct 2/56		REGISTRAR'S SIGNATURE Leah Bloune		25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson			

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.....
Signature of Student Embalmer

Signed *Berry W. Shaker*.....
Licensed Embalmer No. 3944

P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.