

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32898

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3057 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1924 East 12, St..</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MABEL</u> b. (Middle) <u>McLEOD</u> c. (Last) <u>McLEOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 17, 1957</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>March 19, 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frederick Kraas</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Rhine</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence McLeod (dec. 1923)</u>
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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>Mrs. Bessie Keown, Corpus Christi Texas</u>	ADDRESS <u>Corpus Christi Texas</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage. Sept. 17th, 1957.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Aterio-Sclerosis. Advanced.</u>		
	DUE TO (c) <u>33ix</u>		
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Umbilical Hernia- Omental with partial obstruction to Transverse Colon.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Senile Dementia. ?</u> <u>Medical care only. See other side.</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	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 Over 5 yrs to Sept. 17th, 1957, that I last saw the deceased alive on 9-17th, 1957, and that death occurred at 10:55 A.M. from the causes and on the date stated above.

22a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Sedalia, Missouri.</u>	22c. DATE SIGNED <u>9-18th, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-19-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-18-57</u>	REGISTRAR'S SIGNATURE <u>Francis Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Heckart</u>	ADDRESS <u>Sedalia Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

541

For the past six or seven years this lady has suffered from a senile dementia. She hasnt been with us. She could not give a clear cut history of her last illness. Apparently about the 5th of September she started to have trouble in getting her bowel to act. She took various medicines without relief. She was first seen on Sept. 7th at which time she had a partial obstruction from the omentum partially obstructing the transverse colon. An attempt was made to use a Miller Abbott tube to deflate her but she pulled the tube out. The cerebral hemorrhage happened on Sept. 11th, 1957.

J. B. Carlson M.D.
9-18-57.

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

Russell C. Maag

Licensed Embalmer No. *4809*

P. O. Address *Sedalia, 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.