

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4708

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (In this place) <b>5 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Windsor</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>204 Phelps</b>			d. STREET ADDRESS (If rural, give location) <b>RFD 4, Windsor</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b>			b. (Middle) <b>May</b>		c. (Last) <b>Leonard</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 19, 1877</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Days <b>21</b>	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ringold County, Iowa /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
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13a. FATHER'S NAME <b>Cyrus S. Baldwin</b>		13b. MOTHER'S MAIDEN NAME <b>Ophelia Barto</b>		14. NAME OF HUSBAND OR WIFE <b>J. Lawrence Leonard</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. Lawrence Leonard</b>		ADDRESS <b>Windsor Mo.</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>25 days</b>	
		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. <b>33 ✓</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 8, 1949, to Feb 9, 1949, that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 1:20 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. S. Windsor DP 2</b>		23b. ADDRESS <b>Windsor Mo</b>		23c. DATE SIGNED <b>2-12-49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 12, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laural Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Feb -15-49</b>	REGISTRAR'S SIGNATURE <b>R. R. Ramsey</b>		120	25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston-Turner</b>		ADDRESS <b>Windsor, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7

District File Number L-49-111

Date Filed 2-21-49

**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.

Signed.....

*E. M. Hunter*

Signed.....

Student Embalmer

Licensed Embalmer No. 3391

P. O. Address Windsor 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.