

FILED MAY 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12362

1242
4

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

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Lelay Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u> c. LENGTH OF STAY (in this place) <u>7 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne</u> <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Sharpe Home</u>		d. STREET ADDRESS (If rural, give location) <u>North Walnut</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u> b. (Middle) <u>Ma</u> c. (Last) <u>Berry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>13</u> - <u>1952</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>Aug 24 - 1885</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mill Point Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Browning</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Little</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virgie Berry Renter</u>	
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>no</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis</u> DUE TO (c) <u>Terminal Pneumonia</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</u>	
20. AUTOPSY? 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)	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 <u>Sept 16, 1951</u> , to <u>April 13, 1952</u> , that I last saw the deceased alive on <u>4/10, 1952</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>August B. Johnson</u>		23b. ADDRESS <u>Excelsior Springs, Mo</u>	
23c. DATE SIGNED <u>4/13/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-15-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stemple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne Mo</u>
DATE REC'D BY LOCAL REG. <u>4/15/52</u>	REGISTRAR'S SIGNATURE <u>Caroline Dutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Dutch Norborne Mo</u>	ADDRESS

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 ME

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John S. Deitch

Licensed Embalmer No. 3654

P. O. Address Marbone 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.