

No. 300
10.48

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34721

State File No.

890

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4448 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u>	
c. LENGTH OF STAY (in this place) <u>5 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGIA</u> b. (Middle) <u>D</u> c. (Last) <u>LE BOLD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Aug. 12, 1900</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Days <u>1</u> IF UNDER 2 HRS. Hours <u>20</u> Min.	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>school teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Lawson, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles J. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Denny Lebold</u>	
14. NAME OF HUSBAND OR WIFE <u>Ray Lebold</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>49-22-1671</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Lebold</u>		17. ADDRESS <u>Lawson, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Monocytic Leukemia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

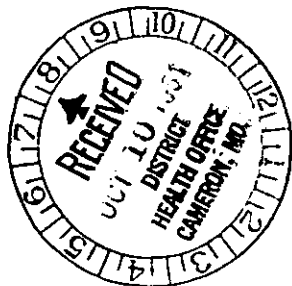
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2042</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lawson Ray Mo.</u>	
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 Sept. 20, 1951, to Oct. 2, 1951, that I last saw the deceased alive on Oct. 2, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Buehner M.D.</u> (Degree or title)		23b. ADDRESS <u>Lawson Mo.</u>		23c. DATE SIGNED <u>Oct. 3, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawson</u>	
24d. LOCATION (City, town, or county) (State) <u>Lawson, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Oct. 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Kroe</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harman Richard</u>		ADDRESS <u>Lawson, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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

Indeep K Jassman

Licensed Embalmer No. *4589*

P. O. Address

Excalibur Springs, Md.

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.