

No. 300
10. 48

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21054

State File No. _____

0890

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 17

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| 1. PLACE OF DEATH a. COUNTY Ray | | 2. USUAL RESIDENCE (Where deceased lived. * If institution, residence before admission) a. STATE Mo. b. COUNTY Ray | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural Orrick, | c. LENGTH OF STAY (in this place) Lifetime | c. CITY (If outside corporate limits, write RURAL and give township) Rural Orrick, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | d. STREET ADDRESS (If rural, give location) 4 Miles N of Orrick. | |

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|--|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Z. c. (Last) Leabo | | | 4. DATE OF DEATH (Month) (Day) (Year) June-14-51 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 11-1898 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 53 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U S A |

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|---|---|--|--|--|
| 13a. FATHER'S NAME Marous Leabo | 13b. MOTHER'S MAIDEN NAME Rosa Holman | 14. NAME OF HUSBAND OR WIFE Mary Knutter | | |
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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) Yes World War # 1 | 16. SOCIAL SECURITY NO. 500-07-3200 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Leabo Orrick, Mo. | | |
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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, ashtenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Endocarditis | | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Corony Occlusion Enlarged Heart DUE TO (c) | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|---|--|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | |
| 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 _____, 19____, to 6-14-51, 19____, that I last saw the deceased alive on 6-14-51, 19____, and that death occurred at 2:30 A m., from the causes and on the date stated above.

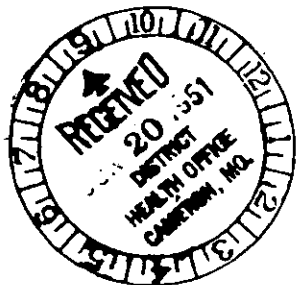
| | | |
|--|----------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) Effie T. Simms S.O.I. | 23b. ADDRESS Orrick Mo | 23c. DATE SIGNED 6-16-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-16-51 | 24c. NAME OF CEMETERY OR CREMATORY Old Union | 24d. LOCATION (City, town, or county) (State) East of Lawson, Mo. | |
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| DATE REC'D BY LOCAL REG. 6-19-51 | REGISTRAR'S SIGNATURE Nelen J. Larkin | 25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good | ADDRESS Orrick, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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



AUG 6 1951

1951 MAY 7

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.....

Self

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Victor E. Luningger

Licensed Embalmer No. *2896*

P. O. Address *Liberty, Mo.*

Note: This statement 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.