

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27910**

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN city 0130	
c. LENGTH OF STAY (in this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION own home			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) Ann	
b. (Middle)		c. (Last) Leabo	
4. DATE OF DEATH (Month) (Day) (Year) July 26, 1953			
5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Sept. 19, 1865	
9. AGE (In years last birthday) 87yrs		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and State or Foreign Country) Fanning County, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Archibold Hayter		13b. MOTHER'S MAIDEN NAME Margaret Slack	
14. NAME OF HUSBAND OR WIFE widow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME Elsie Leabo		ADDRESS Braymer, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility II. 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. 332X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 July 19, 1952 to July 26, 1953 , that I last saw the deceased alive on July 26, 1953 , and that death occurred at 4:00 p.m. from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		(Degree or title) D.O.	
23b. ADDRESS Braymer, Missouri.		23c. DATE SIGNED 7-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-53	
24c. NAME OF CEMETERY OR CREMATORY Bethal Cemetary		24d. LOCATION (City, town, or county) (State) Polo, Missouri	
DATE REC'D BY LOCAL REG. 8-10-53		REGISTRAR'S SIGNATURE Mrs. Nell B. Doule 5730	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Mead's Funeral Service Braymer, Mo.	

(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

Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri.

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.