

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH, 465

8109

State File No.

FILED MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>Rural N Campbell Twsp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>Rural N. Campbell Twsp</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Box 424</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3, Box 424</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>LEBOW</u> c. (Last) <u>SISSEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>July 29, 1882</u>		9. AGE (In years last birthday) <u>69</u>		10. F UNDER 1 YEAR Months <u>7</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. F UNDER 1 YEAR Days <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Joe Lebow</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13a. FATHER'S NAME <u>Joe Lebow</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>-----</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ed Fielder, Springfield, Missouri</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ed Fielder, Springfield, Missouri</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>year -</u>			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Chronic Nephritis</u>			
		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 <u>4214</u>		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) m.		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 11-28, 1949, to 3-7, 1952, that I last saw the deceased alive on 3-6, 1952, and that death occurred at 11:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Therese J. M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>3-8-52</u>	
24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PAYNE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Greene Co, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>		24f. ADDRESS <u>Springfield, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-10-52</u>		REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>	

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

390

1/22/2000
3000

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield

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.