

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9190**

5. No. 300
V. 10.48

APR 7 1952 BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4348** Registrar's No. **7**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)	
a. COUNTY Montgomery		a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville	
c. LENGTH OF STAY (In this place) 52 years		d. STREET ADDRESS (If rural, give location) 111 East Hudson	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 East Hudson		d. STREET ADDRESS (If rural, give location) 111 East Hudson	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) LENA	b. (Middle) LEOTO	c. (Last) GOULLEE	(Month) April	(Day) 1	(Year) 1952
(Type or Print)					

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 7, 1870	9. AGE (In years last birthday) 81	10. MONTHS 7	11. DAYS 25	12. IF UNDER 1 YEAR Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Beauty opr. & Hat shop		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Millgrove, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Elisha Moser		13b. MOTHER'S MAIDEN NAME Melissia Long		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME C. E. Helbrand, Wellsville Mo		18. ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 14 hours ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					
	ANCECEDENT CAUSES Arterio-sclerosis					
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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		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) 4201	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from Jan, 1951, to April 1, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <i>[Address]</i>		23c. DATE SIGNED 4/4/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/3/52		24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.		24d. LOCATION (City, town, or county) (State) Wellsville, Montg. Mo	
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DATE REC'D BY LOCAL REG. 4/4/52		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS Wellsville Mo	
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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 SB Wells

Licensed Embalmer No. 1588

P. O. Address Hallowell Me

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.