S. No. 300
v. 10.48

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12007

State File No.

BIRTH NO. REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 5

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

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hartsburg R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar 010-1
d. STREET ADDRESS (If rural, give location): Hartsburg R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Leona
b. (Middle): Frances
c. (Last): Bailey

4. DATE OF DEATH (Month) (Day) (Year): April 24 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 30 1875
9. AGE (In years last birthday): 76 — If under 1 year: Months 3 Days 27 — 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: ✓
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Jones
13b. MOTHER'S MAIDEN NAME: Josephine Daughertie
14. NAME OF HUSBAND OR WIFE:

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: Carmen Klupp — **ADDRESS**: Hartsburg 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): Fracture of Right Hip — INTERVAL BETWEEN ONSET AND 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):

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: 010 E904021
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Her Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cedar
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: In a fall

22. *I hereby certify that I attended the deceased from* 4-15, 1952, *to* 4-23, 1952, *that I last saw the deceased alive on* 4-23, 1952, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. P. Mizer M.D. (Degree or title)
23b. ADDRESS: Hartsburg Mo
23c. DATE SIGNED: 4-24, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-1952
24c. NAME OF CEMETERY OR CREMATORY: Mt Pleasant Cem
24d. LOCATION (City, town, or county) (State): Hartsburg Rural Mo

DATE REC'D BY LOCAL REG.: 4-24-52
REGISTRAR'S SIGNATURE: Mrs. Mildred Burnett
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. L. Burnett — **ADDRESS**: Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Mo

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.