

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20308**
Registrar's No. **35**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo.		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California			
d. FULL NAME OF HOSPITAL OR INSTITUTION California Mo				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) RICHARD		b. (Middle) MOBERLY		c. (Last) EMBRY	
4. DATE OF DEATH (Month) (Day) (Year) June 17, 1949							
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/14/1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 3	IF UNDER 14 HRS. Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law		10b. KIND OF BUSINESS OR INDUSTRY Cooper County		11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leonidas Embry		13b. MOTHER'S MAIDEN NAME Nanny K. Hood		14. NAME OF HUSBAND OR WIFE Eleanor C. Pendleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Leonidas P. Embry, California, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolism DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 6/15				INTERVAL BETWEEN ONSET AND DEATH 6/15 years - 4560	
19b. MAJOR FINDINGS OF OPERATION		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)		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 6/15 , 19 49 , to 6/17 , 19 49 , that I last saw the deceased alive on 6/17 , 19 49 , and that death occurred at 7:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. P. Burke, Jr. M.D.		23b. ADDRESS California, Mo		23c. DATE SIGNED 6/18/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/19/49		24c. NAME OF CEMETERY OR CREMATORY California Masonic Cem. California, Moniteau, Mo		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 6-18-49		REGISTRAR'S SIGNATURE H. R. Popejoy		25. FUNERAL DIRECTOR'S SIGNATURE Willow Funeral Home		ADDRESS California	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUL 8 1919
District Health Officer No. 9,
District File Number _____

JUL 14 1919

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 _____

Licensed Embalmer No. 2854

P. O. Address California 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.