FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4641

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN: Rural Center — c. LENGTH OF STAY (in this place): 50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 1¾ north of Plano

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri — b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Center Twp.
d. STREET ADDRESS (If rural, give location): 1¾ Miles North of Plano

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) KATHRYN c. (Last) WEST

4. DATE OF DEATH (Month) (Day) (Year): 2-14-49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-20-1851
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months 1 Days 24 — 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: Housewife
11. BIRTHPLACE (State or foreign country): Ky.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. A. Hammonds
13b. MOTHER'S MAIDEN NAME: Cynthia Ann Helms
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lucy Chilcutt — ADDRESS

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) Pulmonary Hypostatic Congestion — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocardial insufficiency
DUE TO (c) General Debility and senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
1522

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 12, 1949, *to* Feb 13, 1949, *that I last saw the deceased alive on* Feb 13, 1949, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Homer F. Matz — (Degree or title): M.D. — **23b. ADDRESS**: Ash Grove, Mo — **23c. DATE SIGNED**: 12/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-16-49
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Prospect
24d. LOCATION (City, town, or county) (State): Greene Missouri

DATE REC'D BY LOCAL REG.: 2/16/49
REGISTRAR'S SIGNATURE: Irene P. Wilson
25. FUNERAL DIRECTOR'S SIGNATURE: Morris-Leiman Funeral Home — ADDRESS: Ash Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Greene County Health Office,
County File Number 46-2-49
Date Filed 2-

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 Paul V. Gouty, Student Embalmer No. 236 working under my personal supervision.

Signed Paul V. Gouty
Student Embalmer

Signed G. R. Leiman
Licensed Embalmer No. 3297
P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.