

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36240

State File No. \_\_\_\_\_

FILED DEC 5 1949

Registrar's No. 91

|  |                                |   |  |   |   |   |  |  |
|--|--------------------------------|---|--|---|---|---|--|--|
| BIRTH NO. _____  |                                | REG. DIST. NO. <u>11</u>  |  | PRIMARY REG. DIST. NO. <u>5041</u>  |   | Registrar's No. <u>91</u>               |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barry</u>  |                                |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> |   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural flat creek</u>  |                                | c. LENGTH OF STAY (In this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural</u>  |   |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |                                |   |  | d. STREET ADDRESS (If rural, give location) _____   |   |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>James</u> c. (Last) <u>Elmore</u>  |                                |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-1949</u>    |   |   |   |  |  |
| 5. SEX <u>female</u>   | 6. COLOR OR RACE <u>hwhite</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>   | 8. DATE OF BIRTH <u>6-25-1859</u>                          |   | 9. AGE (In years last birthday) <u>90</u>                                   | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 6 WKS. Hours _____ Min. _____   |  |
| 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 _____   |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |  |  |
| 13a. FATHER'S NAME <u>unknown</u>  |                                | 13b. MOTHER'S MAIDEN NAME <u>unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>James Elmore</u>   |   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |                                | 16. SOCIAL SECURITY NO. _____   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. E. (Jim) James-Cassville, Mo.</u>   |   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><br><br><br><br><br><br><br><br><br><u>794 X</u> |  |
| 19a. DATE OF OPERATION _____   |                                | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Barry</u> <u>Mo.</u>   |   |   |  |  |
| 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 <u>Oct 28, 1949</u> , to _____, 19____, that I last saw the deceased <u>on Oct 28, 1949</u> , and that death occurred at <u>1 a. m.</u> , from the causes and on the date stated above. |                                |   |  |   |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Paul D. Tenpest</u>  |                                |   |  | 23b. ADDRESS <u>Cassville, Missouri</u>   |   | 23c. DATE SIGNED <u>11-1-1949</u>       |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                                | 24b. DATE <u>10-30-1949</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u> |   | 24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u> |   |  |  |
| DATE REC'D BY LOCAL REG. <u>Nov 22-1949</u>  |                                | REGISTRAR'S SIGNATURE <u>Grace Williams</u>   |  | 10<br>25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Culver - Cassville</u>  |   | ADDRESS _____                           |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 28 1949  
District Health Office No. 6,  
District File Number 1149-1293  
Date Filed 11-30-49

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.

Signed Paul D. Herbert

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.