

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39855

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (In this place) <u>7yrs</u>		d. STREET ADDRESS (If rural, give location) <u>415 So. Redman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>415 So. Redman</u>			

3. NAME OF DECEASED (Type or Print) <u>Sarah Jane Mathews</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1949</u>		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 1, 1865</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Hardman, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Thomas Hergins</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leon Crosby</u>	ADDRESS <u>Marshall, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3yrs</u> <u>37X</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 11/11, 1949, to 11/18, 1949, that I last saw the deceased alive on 11/16, 1949 and that death occurred at 8 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>11/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/20/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 20-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Marshall, Mo</u>
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WRITE PLAINLY—USING UNFADING-BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

NOV 20

District Health Officer No. 8

District File Number

Date Filed 12-2-49

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.

Student _____
Student Embalmer

Signed George A. Green

Licensed Embalmer No. 4220

P. O. Address Marshall

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.