

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7478

State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 74

0013

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Adair	
b. CITY OR TOWN KIRKSVILLE	c. LENGTH OF STAY (in this place) 10 YEARS	c. CITY OR TOWN KIRKSVILLE	d. STREET ADDRESS (If rural, give location) 407 S. ELSON ST.
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MAY b. (Middle) _____ c. (Last) Sadler		4. DATE OF DEATH (Month) (Day) (Year) MARCH 22, 1950	
5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 12, 1873
9. AGE (In years last birthday) 76	if UNDER 1 YEAR Months 3 Days 10	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 Home	11. BIRTHPLACE (State or foreign country) DANVILLE, Ill.
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph D. Kidwell	13b. MOTHER'S MAIDEN NAME MARTHA JANE EVE	14. NAME OF HUSBAND OR WIFE Glen R. Sadler
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. Charles Walker 415 S. High Kirksville, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		Yes <input checked="" type="checkbox"/>
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201

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) _____
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 **Dec 1948**, to **Mar 22, 1950**; that I last saw the deceased alive on **Mar 22, 1950**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. McPherson V DO	23b. ADDRESS Kirksville Mo	23c. DATE SIGNED 3/23/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-24-50	24c. NAME OF CEMETERY OR CREMATORY LA PLATA
		24d. LOCATION (City, town, or county) (State) LA PLATA, MO.

DATE REC'D BY LOCAL REG. 3-24-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RANDOLPH DAVIS, KIRKSVILLE, MO.
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RECEIVED MAR 28 1950
District Health Officer No. 10
District File Number 3-50-536
Date Filed MAR 28 1950

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 Clarence M. Bills

Signed.....
Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.