

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37625

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <u>Mt. Vernon, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>1,714</u> days		d. STREET ADDRESS (If rural, give location) <u>Hickory Moore Apt.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah Elizabeth</u> b. (Middle) <u>Doherty</u> c. (Last) <u>Sarah Elizabeth Doherty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 22, 1880</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerical</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Henry Matthews</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Taylor</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>510-22-1710</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson</u> ADDRESS <u>Mt. Vernon, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. _____</p>					<u>abt. 7 yrs.</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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 Mar. 24, 1946, to Dec. 2, 1950, that I last saw the deceased alive on Dec. 2, 1950 and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. Brushner M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Missouri</u>		23c. DATE SIGNED <u>Dec. 4, '50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/4/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>0007</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Dec. 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Headrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. B. Orr</u> ADDRESS <u>Mt. Vernon</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

550  
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 5 1950

Dist. File 1250-2405

Date Filed 12-5-50

JAN 12 1951

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. 946

P. O. Address McKernon Ave

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.