

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3628

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6251 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Wayne</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Francis Hosp</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural St. Francis Hosp</i>	
c. LENGTH OF STAY (in this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>Wappapello, Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lost Creek Hosp</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Sarah</i> b. (Middle) <i>Jane</i> c. (Last) <i>Bounds</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 1 1951</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	
8. DATE OF BIRTH <i>May 30 1869</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Keeper</i>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <i>Wayne Co Mo.</i>	

13a. FATHER'S NAME <i>Franklin Berry</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Clark</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Elmer Bounds Williamsville Mo.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Heart Disease</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		14-20	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 *12-5*, 1950, to *1-1*, 1951, that I last saw the deceased alive on *1-1*, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Arthur R. Born MD</i>		23b. ADDRESS <i>Stapler Dist Mo.</i>		23c. DATE SIGNED <i>1-11-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-5-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Rittle Brushy</i>	
DATE REC'D BY LOCAL REG. <i>Feb 7th 1951</i>		REGISTRAR'S SIGNATURE <i>Mabel Beasley</i>		24d. LOCATION (City, town, or county) (State) <i>Wappapello Mo</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Gloria Morgan</i>		ADDRESS <i>Parico Mo</i>			

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

RECEIVED

FEB 9 1951

WAYNE CO. HEALTH CENTER

FILE No. 251-10

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

*Lloyd S. Morgan*

Licensed Embalmer No.

*3361*

P. O. Address

*Advance M*

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.