

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 757

| | | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 100 | | PRIMARY REG. DIST. NO. 3018 | | Registrar's No. 13 | | | |
| 1. PLACE OF DEATH a. COUNTY Dent | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TTx | | | | b. COUNTY Texas | |
| b. CITY OR TOWN Salem | | c. LENGTH OF STAY (in this place) 2 yrs | | c. CITY OR TOWN Rural - Sherrell 1070 | | d. STREET ADDRESS E of Licking on Hwy #32 | | | |
| 3. NAME OF DECEASED (Type or Print) Sarah Emmaline Priest | | | | 4. DATE OF DEATH | | Jan 23 1952 | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 7-9-1866 | | | |
| 9. AGE (In years, last birthday) 85 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTH PLACE (State or foreign country) Texas - Mo | | | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Lorenza Howell | | 13b. MOTHER'S MAIDEN NAME Eliza Honey | | 14. NAME OF HUSBAND OR WIFE D.C. Priest | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. D. M. Cook - Licking 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris ANTECEDENT CAUSES DUE TO (b) None DUE TO (c) High Blood Pressure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION None | | | | 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 | | 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 Sep 10, 1951, to Jan 22, 1952, that I last saw the deceased alive on Jan 23, 1952, and that death occurred at 8:45 p.m. from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE D. H. Dillon MD | | | | 23b. ADDRESS Salem Mo | | 23c. DATE SIGNED 1-30-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-26-52 | | 24c. NAME OF CEMETERY OR CREMATORY Williams Cem | | 24d. LOCATION (City, town, or county) (State) Texas - Mo | | | |
| DATE REC'D BY LOCAL REG. 2-2-52 | | REGISTRAR'S SIGNATURE Dr. M. Hart on | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith Ferguson - Licking Mo | | | | | |

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

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 _____

Erbert E. Ferguson

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3945

P. O. Address _____

Picking 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.