

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11829**

FILED MAR 27 1952

BIRTH NO. _____ REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **6246** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Rural Concord Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Concord Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Irondale mo.		d. STREET ADDRESS (If rural, give location) Near Irondale 1100	

3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Province c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) Feb. 30 1952
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 6 1861	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 7 Days 19	IF UNDER 24 HRS. Hours _____ Min. _____
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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. BIRTHPLACE (State or foreign country) Washington Co. mo.	12. CITIZENSHIP OF WHAT COUNTRY USA.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Mary Sutton	14. NAME OF HUSBAND OR WIFE John L. Province
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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) No.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME W. V. Province	ADDRESS Irondale mo. R. 1
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4222	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) _____
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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 _____
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22. I hereby certify that I attended the deceased from **Feb. 25 1952**, to **Feb. 25 1952**, that I last saw the deceased alive on **Feb. 25 1952**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Edward W. Lake, Jr.	(Degree or title) DO.	23b. ADDRESS Potosi, Mo.	23c. DATE SIGNED Feb. 28 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-52	24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery	24d. LOCATION (City, town, or county) (State) Washington Co. Mo.
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DATE REC'D BY LOCAL REG. 2-31-52	REGISTRAR'S SIGNATURE Dessie Eichenberger	333-1	25. FUNERAL DIRECTOR'S SIGNATURE Mr. Luther Sparks	ADDRESS Potosi Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
0.48

35-8-383

RECEIVED

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address. *Flat River, 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.