

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23362

FILED JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4513 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Sullivan	
b. CITY OR TOWN Green Castle		c. LENGTH OF STAY (In this place) 8 yrs		c. CITY OR TOWN Green Castle 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green Castle		d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print) Sarah		a. (First)		b. (Middle) Ellen	
		c. (Last) Muir		4. DATE OF DEATH June 4, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 11, 1880		9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months Days 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 Farm home		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John F. Eitel		13b. MOTHER'S MAIDEN NAME Evah Webber	
14. NAME OF HUSBAND OR WIFE Cecil Muir		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 Cecil Muir, Green Castle, 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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Bronchial asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic cholecystitis</u> 20 years		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2417		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 <u>Jan 15, 1952</u> to <u>June 4, 1952</u> , that I last saw the deceased alive on <u>June 4, 1952</u> , and that death occurred at <u>6:05 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R.D. Smith M.D.</u>		(Degree or title)		23b. ADDRESS <u>Green City, Mo</u>	
23c. DATE SIGNED <u>June 6, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 1952	
24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery		24d. LOCATION (City, town, or county) (State) Green Castle, Mo.		DATE REC'D BY LOCAL REG. June 14, 1952	
REGISTRAR'S SIGNATURE <u>Laura M. Peath</u>		405		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent</u>	
ADDRESS <u>Green City, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)			

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.

Student
Student Embalmer

Signed _____

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.