

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27692

State File No. _____

SEP 3- 1952

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 2732 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Meramec Twp.</u>	c. LENGTH OF STAY (In this place) <u>9 mos</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Meramec Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Van Deren Nursing Home Stanton, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>Stanton, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah Adiline</u> b. (Middle) <u>Williams</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1952</u>
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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>June 4, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm C. Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Carolina Cox</u>	14. NAME OF HUSBAND OR WIFE. <u>Deceased</u>
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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>NIL</u> <u>NIL</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Van Deren, Stanton, Mo.</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Subden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	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 <u>NIL</u>	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NIL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NIL</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec Twp. Franklin, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NIL</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>nil</u>
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22. I hereby certify that I attended the deceased from nil, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 6pm m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. P. Shaffer</u> (Degree or title)	23b. ADDRESS <u>Sullivan, Missouri</u>	23c. DATE SIGNED <u>8/30/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sherman</u>	24d. LOCATION (City, town, or county) (State) <u>Sherman, Texas</u>
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DATE REC'D BY LOCAL REG. <u>8-30-52</u>	REGISTRAR'S SIGNATURE <u>Ed. Crantler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shaffer's Chapel</u>	ADDRESS <u>Sullivan, Mo.</u>
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DEC 11 1952

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.....

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working under my personal supervision.

..... Student Embalmer by.....

Signed.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4320

P. O. Address Sullivan, 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.