

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41414**

FILED DEC 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>4001</u>	Registrar's No. <u>424</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springer</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springer 0010</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>5</u>		
3. NAME OF DECEASED (Type or Print) <u>Sarah</u>		a. (First)	b. (Middle) <u>Barren</u>	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-52</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>7-1-23</u>		9. AGE (In years last birthday) <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Bevier Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Griffith</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wardister</u>
14. NAME OF HUSBAND OR WIFE <u>-</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Gene Drake Novinger</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Intestinal obstruction</u> <u>fecal impaction on</u> <u>Ca of colon</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 mo</u> <u>sev mo</u> <u>sev yrs</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile arteriosclerotic changes</u>		22. I hereby certify that I attended the deceased from <u>4-1</u> , 19 <u>57</u> to <u>12-21</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>57</u> and that death occurred at <u>5:52 A</u> m., from the causes and on the date stated above.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None performed.</u>		23. DATE SIGNED <u>12/21/52</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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?
23a. SIGNATURE <u>George E. Grim</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>12/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. L. Edwards</u>		24f. ADDRESS <u>Bevier Mo</u>
DATE REC'D BY LOCAL REG. <u>12-24-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. L. Edwards</u>

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 15 1963

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 *W. H. Edwards*

Student Embalmer

Licensed Embalmer No. *1961*

P. O. Address *Davis, 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.