

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

20890

JUN 22 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Hale</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp in</u>		e. STREET ADDRESS (If rural, give location) <u>0170</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>FIFER</u> c. (Last) <u>FIFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 10 1893</u>		9. AGE (In years last birthday) <u>60</u> Months <u>2</u> Days <u>3</u>		10. IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lunington Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>					

13a. FATHER'S NAME <u>Wm Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Fifer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Fifer</u> ADDRESS <u>Hale Mo</u>	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart disease</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertroph & Hypertension</u> DUE TO (c) <u>Hypostatic Pneumonia</u>					
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 <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 6-7, 1953, to 6-15, 1953, that I last saw the deceased alive on 6-7, 1953, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G S Warich M.D.</u>		23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>6-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17-1953</u>		24c. NAME OF GEMETERY OR CREMATORY <u>Hale Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Hale Mo</u>					

DATE REC'D BY LOCAL REG. <u>June 15-1953</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> ADDRESS <u>4268</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u> ADDRESS <u>Fulton Mo</u>	
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(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 _____
Signature of Student Embalmer

Signed *Denzil C. Browning* _____

Licensed Embalmer No. *27*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.