

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

23790

State File No.

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5003 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY Adair b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Morrow Twp. c. LENGTH OF STAY (in this place) 29 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Home 10 mi. NW Novinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Morrow Twp. d. STREET ADDRESS (If rural, give location) Route 3, Novinger	
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3. NAME OF DECEASED a. (First) Sarah b. (Middle) Anna c. (Last) Vertrees			4. DATE OF DEATH (Month) (Day) (Year) July 25, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 2, 1867	9. AGE (In years last birthday) 85	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 Own home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Alfred Loe	13b. MOTHER'S MAIDEN NAME Martha McMahan	14. NAME OF HUSBAND OR WIFE Isaac Vertrees
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Leonard, Novinger, Mo.	
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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, ashenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.		INTERVAL BETWEEN ONSET AND DEATH 1 hour
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19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4/20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 770	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) m. _____	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 July 25, 1953, to July 25, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 10 m from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. J. Harrison M.D.	23b. ADDRESS Novinger, Mo.	23c. DATE SIGNED 7-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 26, 1953	24c. NAME OF CEMETERY OR CREMATORY Shibles Point Cemetery Adair Co., Mo.	24d. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. 7-28-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Funt Thor, Green City, Mo.
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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 the above constitutes grounds for revocation of license.)

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