

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6067 State File No. **26029**
REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **60-53** Registrar's No. **23**

FILED JUL 14 1953

1. PLACE OF DEATH a. COUNTY St Clair Co.		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY St Clair Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E-L-D-O-R-H-O-O-Spring		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lakeville Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 0930	
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) E c. (Last) EKANS			4. DATE OF DEATH (Month) (Day) (Year) 6-19-53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 6 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tiffin Mo.
12. CITIZENRY OF WHAT COUNTRY?		13a. FATHER'S NAME John White	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME W. W. Evans		ADDRESS El Dorado, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chole			
DUE TO (c) unknown			
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 3-27 , 19 53 , to 6-19 , 19 53 , that I last saw the deceased alive on 6-19 , 19 53 , and that death occurred at 10:20 PM , from the causes and on the date stated above.			
23a. SIGNATURE W. D. Richardson (Degree or title)		23b. ADDRESS Tiffin Mo	
23c. DATE SIGNED 6.20.53			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-23-53	24c. NAME OF CEMETERY OR CREMATORY Morton Park	24d. LOCATION (City, town, or county) (State) Mo.
DATE REC'D BY LOCAL REG. 6-23-1953	REGISTRAR'S SIGNATURE Chas. Gray	25. FUNERAL DIRECTOR'S SIGNATURE Edwin Luther Eldredge ADDRESS	

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

1918

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

Floyd C. Crutcher

Licensed Embalmer No. 4419

P. O. Address

El Dorado Springs, 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.