

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1954

No. 300
10-48

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia - Rural - Richwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R/R/2</u>	

3. NAME OF DECEASED (Type or Print) <u>Lucinda Sauls</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1954</u>		
a. (First)	b. (Middle)		c. (Last)	5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5/21/1864</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of last year, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Maries Co. Mo.</u>	
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John H. Stites</u>		13b. MOTHER'S MAIDEN NAME <u>Fairbanks</u>		14. NAME OF HUSBAND OR WIFE <u>John B. Sauls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andy Sauls Iberia, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>35 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>			
		DUE TO (c) <u>kidney</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>4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>220</u>		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)		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 Jan 12, 1949, to Feb. 12, 1954, that I last saw the deceased alive on Feb. 10, 1954 and that death occurred at 11:45, from the causes and on the date stated above.

23a. SIGNATURE <u>E. Malott M.D.</u>		23b. ADDRESS <u>Crocker</u>		23c. DATE SIGNED <u>2-16-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	
				24d. LOCATION (City, town, or county) (State) <u>Iberia Mo. Rural</u>	

DATE REC'D BY LOCAL REG. <u>Feb. 20-54</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter C. Hedges Hedges Funeral Homes Inc Iberia, Mo.</u>	
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PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 3 1954

MILLER COUNTY HEALTH
DEPARTMENT

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 Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Hernd, 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.