

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

5564

State File No.

BIRTH NO. **FILED MAR 3 1954** REG. DIST. NO. **742** PRIMARY REG. DIST. NO. **5830** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town) Matthews, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Matthews, Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R#3 Box 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#3 Box 2			

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Virginia	c. (Last) Young	4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH 9/12/61	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 5 Days	IF UNDER 24 HRS. Hours 5 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Yelleville Ark	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Sarah Virginia Dodson Young	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Young Morley, Mo	ADDRESS
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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, asphyxia, 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) Cerebral Hemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331 X
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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?
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22. I hereby certify that I attended the deceased from 4/12/54, 1954, to 2/9, 1954, that I last saw the deceased alive on 2/9, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Thomas M. Sheeter</i>	(Degree or title) 2 D.O.	23b. ADDRESS <i>Sheeter Mo</i>	23c. DATE SIGNED 2/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/54	24c. NAME OF CEMETERY OR CREMATORY Morley Cemetery	24d. LOCATION (City, town, or county) (State) Morley Mo
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DATE REC'D BY LOCAL REG. 2-27-54	REGISTRAR'S SIGNATURE <i>Thomas M. Sheeter</i>	220	GENERAL DIRECTOR'S SIGNATURE <i>Mary James</i>	ADDRESS <i>Sheeter Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

720

0720

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

John A. [Signature]

Licensed Embalmer No. 2941

P. O. Address [Signature]

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.