

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

State File No. **7569**

No. 300  
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**FILED MAR 2 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 19

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cernon</u>		a. STATE <u>Mo</u> COUNTY <u>Laverne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ward Washleef</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stotts City</u> <u>0550</u>	
c. LENGTH OF STAY (In this place) <u>2-11-54</u>		d. STREET ADDRESS (If rural, give location) <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Priscilla</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Stotts</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2-24-54</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>12-23-75</u>	<b>9. AGE</b> (In years last birthday) <u>78</u>	<b>10. F UNDER 1 YEAR</b> <u>8</u>	<b>11. F UNDER 1 HRS.</b> <u>1</u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Japan Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>James Brown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Levie Sellers</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Wid</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hospital record</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERNAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:</b> <u>Arteriosclerotic heart disease</u>	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>None</u>		
<b>ANTECEDENT CAUSES</b>	<b>DUE TO (b)</b> <u>Hypertension</u>		
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>DUE TO (c)</b>		
<i>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
<b>CONTRIBUTING CONDITIONS</b> (Conditions contributing to the death but not related to the disease or condition causing death.)			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4200</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <input checked="" type="checkbox"/>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Stotts Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 2-20-54 to 2-24-54, that I last saw the deceased alive on 2-23-54, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Dr. H. K. ...</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Nevada Mo</u>	<b>23c. DATE SIGNED</b> <u>2-24-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>2-26-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sarcophic Cem</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sarcophic Mo</u>
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<b>DATE REC'D BY LOCAL REG</b> <u>2-26-1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Anna G. Ferry</u>	<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>Jackson &amp; Sons</u>	<b>ADDRESS</b> <u>Sarcophic Mo</u>
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(Licensed Embalmers' 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcayie

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.