

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23406

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (In this place) <u>40 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		d. STREET ADDRESS (If rural, give location) <u>741 NORTH OAK STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>SARAH</u>	b. (Middle) <u>LUCY</u>	c. (Last) <u>SMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 1, 1878</u>		9. AGE (In years) (last birthday) <u>76</u> IF UNDER 1 YEAR (Months) <u>0</u> IF UNDER 12 HOURS (Days) <u>24</u> IF UNDER 24 HOURS (Hours) _____ (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>FT SMITH, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>NO DATA</u>			13b. MOTHER'S MAIDEN NAME <u>NO DATA</u>			14. NAME OF HUSBAND OR WIFE	
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELMER COONS WEBB CITY, MISSOURI</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Hypertension</u></p> <p>DUE TO (c) <u>Arterio-Sclerosis</u></p>					
II. OTHER SIGNIFICANT CONDITIONS		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 12, 1954</u> , to <u>July 25, 1954</u> that I last saw the deceased alive on <u>July 25, 1954</u> , and that death occurred at <u>3:55 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. Coons</u>				23b. ADDRESS <u>D.O. Carterville, Mo.</u>		23c. DATE SIGNED <u>7-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>7-26-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>474 HEDGE LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY, MO.</u>	

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

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RECEIVED AUG 2 1954
Jasper County Health Office
County File Number ~~54-7-547~~
Date Filed AUG 2 1954

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

Harold Lewis Jr

Licensed Embalmer No. 4561

P. O. Address W. B. ety, 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.