

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43134

State File No.

FILED DEC 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>6148</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Stoddard</u>		b. STATE <u>Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aid</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aid</u>		c. LENGTH OF STAY (in this place) <u>61 yrs</u>		d. COUNTY <u>Stoddard</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>1030</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Sarah</u>		b. (Middle) <u>Agnes</u>		c. (Last) <u>Siler</u>		Dec. 21, 1954	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Cauc</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 18, 1893</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Perry Asa</u>		13b. MOTHER'S MAIDEN NAME <u>Alta Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Baxter Siler</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Baxter Siler</u>		ADDRESS <u>Aid, Missouri</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				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>					
		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"/>	
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)		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 <u>Jan 19 47</u> , to <u>Dec 19 54</u> , that I last saw the deceased alive on <u>14 Dec 1954</u> , and that death occurred at <u>11 47</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. L. Waddle md</u>		(Degree or title)		23b. ADDRESS <u>Dexter, Mo</u>		23c. DATE SIGNED <u>23 Dec 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sadlers Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo. Route 4</u>	
DATE REC'D BY LOCAL REG. <u>12-27-54</u>		REGISTRAR'S SIGNATURE <u>Lain E. Mooney</u>		510-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkinson, Sen. Bloomfield, Mo.</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Earl J. Watkins

Signed.....

Student Embalmer

Licensed Embalmer No. *4964*

P. O. Address *Dexter, 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.