

STANDARD CERTIFICATE OF DEATH

State File No. 29360

FILED OCT 10 1955

BIRTH NO. REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4171 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo, b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) Mary Esta Sale			4. DATE OF DEATH (Month) (Day) (Year) 9 - 24 - 55		
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 13. 1861			9. AGE (In years last birthday) 94		10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Mo,
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Newton Pulley		13b. MOTHER'S MAIDEN NAME Virginia Dunlap		14. NAME OF HUSBAND OR WIFE XXXXX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXXXXXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME Corlas Pulley Clarksdale Mo,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency		DUE TO (b) Senility		DUE TO (c) 4222	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 - 19 55 to 9-24 - 19 55, that I last saw the deceased alive on 9-24, 19 55 and that death occurred at 1 p.m., from the causes and on the date stated above.					

23a. SIGNATURE E. J. Sawyer, M.D.		23b. ADDRESS Stewartsville Mo		23c. DATE SIGNED 10-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-55		24c. NAME OF CEMETERY OR CREMATORY Union Chappel	
				24d. LOCATION (City, town, or county) (State) 8 Mi. N. of Clarksdale Mo,	

DATE REC'D BY LOCAL REG. 10-8-55		REGISTRAR'S SIGNATURE R. W. Warden 82		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Bran Maysville Mo,	
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(Licensed Embalmer's 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John Bram*.....

Licensed Embalmer No. 3933.....

P. O. Address Maysville 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.