THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25091

STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 155 Primary Registration District No. 5-5-78 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City-Joplin Twsp — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN RR 2 SENECA 0732 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL — Length of stay in Hospital DOA	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: SARAH	Middle: ELIZABETH	Last: CONNER	4. DATE OF DEATH	Month: JULY	Day: 4,	Year: 1957
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: SEPTEMBER 12, 1872	9. AGE (In years last birthday): 84	IF UNDER 1 YEAR: Months 9, Days 22	IF UNDER 24 HRS.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: AT HOME	11. BIRTHPLACE (City and state or country): MUSKIE, WISCONSIN	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: DAVID SALE	14. MOTHER'S MAIDEN NAME: NO DATA						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: CHARLES W. CONNER	Address: RT 2 SENECA, MISSOURI				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinomatosis — 4 mo.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7-4-57, to 7-4-57 and last saw her/him alive on 7-4-57. Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. G. Mahoney (Degree or title) DO. — 22b. ADDRESS: Joplin, Mo — 22c. DATE SIGNED: 7/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: JULY 7, 1957 — 23c. NAME OF CEMETERY OR CREMATORY: CARL JUNCTION CEMETERY — 23d. LOCATION (City, town, or county) (State): CARL JUNCTION, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: HEDGE LEWIS FUNERAL HOME—WEBB CITY, MO. — 25. DATE RECD. BY LOCAL REG.: 7-8-57 — 26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Entry File Number 57-7-5-78
Date Filed JUL 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed L. J. Lewis Jr.

Licensed Embalmer No. 4S

P. O. Address Webb Ce

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.