

FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

29143

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 259

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FIAT RIVER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEOPATHIC HOSPITAL			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 500 ADAMS	
3. NAME OF DECEASED (Type or print) First SARAH Middle W Last WILLARD			4. DATE OF DEATH Month AUGUST Day 8 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 23 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	11. BIRTHPLACE (City and state or country) DOE RUN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM MANES			14. MOTHER'S MAIDEN NAME MATILDA THURMAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address ILA TUCKER, FARMINGTON, MISSOURI		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sepsis DUE TO (c) Bowel Obstruction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 3 1/2 4 1/2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION FARMINGTON, MISSOURI		COUNTY STATE
21. I attended the deceased from 8-4-57 to 8-8-57 and last saw her/him alive on 8-8-57 Death occurred at 8: 7:00P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. Kinke AD.			22b. ADDRESS FARMINGTON, MISSOURI		22c. DATE SIGNED 8-10-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	August 11-1957	Park View Cemetery		Farmington Mo.	
24. FUNERAL DIRECTOR ADDRESS Alvin W. Hall		25. DATE RECD. BY LOCAL REG. Aug. 10, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

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

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 27 1957

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.....
Signature of Student Embalmer

Signed *Albert W. Ford*.....

Licensed Embalmer No. 270
303 Crane St.
P. O. Address Flat River

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.