t. Health,
, & Welfare
S. Public
lth Service

S. 300
v. 1-56

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41488
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD 1, Louisiana — Length of stay in Ib 65 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Louisiana 1782 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD 1, Louisiana — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First SARAH Middle JANE Last FRY
4. DATE OF DEATH Month NOV. Day 8 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 20, 1866
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months Days — 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 Housekeeping
11. BIRTHPLACE (City and state or country) Pike Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Benjaman Wilcoxen
14. MOTHER'S MAIDEN NAME Sarah Ann Mackey
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. none
17. INFORMANT Address Mrs. Russell Hunter, RFD, Louisiana, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Recurrent Cerebral vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertensive cardio-vascular disease.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ---------- 443x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
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 1949, to 11/8/57 and last saw her alive on 10-28-57
Death occurred at 11/8/57 10:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Chas H. Lewellen (Degree or title) M.D.
22b. ADDRESS Louisiana, Missouri
22c. DATE SIGNED 11/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/10/57
23c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery.
23d. LOCATION (City, town, or county) (State) Pike Co., Missouri
24. FUNERAL DIRECTOR ADDRESS Sterne Funeral Home, Louisiana, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 10, 1957
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

374-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. B. Sterne

Licensed Embalmer No. 403

P. O. Address Louisiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.