

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035682

STATE FILE NUMBER

NOV 12 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 245

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Jefferson City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 205 W. 5th St. | | Length of stay in lb 3 Yrs | d. STREET ADDRESS (If outside, give location) 409 Marshall St. |
| 3. NAME OF DECEASED (Type or print) First Sarah Middle Elizabeth Last Page | | 4. DATE OF DEATH Month Nov. Day 2 Year 1958 | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 5, 1870 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housework | 11. BIRTHPLACE (City and state or country) Unknown |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME T.C. Bramlet | |
| 13b. MOTHER'S MAIDEN NAME Sarah E. French | | 14. NAME OF HUSBAND OR WIFE Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mrs. A.R. Dunn 205 W. 5th Fulton Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chr. myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis DUE TO (c) _____ 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 years years |
| 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.) 4321 | |
| 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 COUNTY STATE | |
| 21. I attended the deceased from 6/26/58 , to 11/2/58 and last saw her alive on 10/27/58 Death occurred at 7:20 AM. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Henry Dunn M.D. | | 22b. ADDRESS Fulton, Mo | 22c. DATE SIGNED 11/3/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 11-3-58 | 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery | 23d. LOCATION (City, town, or county) (State) Ardmore Oklahoma |
| 24. FUNERAL DIRECTOR ADDRESS Thorpe J. Gordon Jefferson City | | 25. DATE RECD. BY LOCAL REG. Nov. 8 - 1958 | 26. REGISTRAR'S SIGNATURE Martha Lawrence |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gideon M. Hauser*

Licensed Embalmer No. *45-79*
P. O. Address *Jefferson City,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.