

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7665

FILED MAR 16 1949

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3798</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Trotter Twp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Trotter Twp</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. N.W. of Carroll</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>POINDEXTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9 1949</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Aug. 1, 1863</u>		
9. AGE (In years last birthday) <u>85</u>		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) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Sprawl</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Mason</u>			14. NAME OF HUSBAND OR WIFE <u>John L. PoinDEXTER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Distention of common Bile duct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>probably gall stones</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>					INTERVAL BETWEEN ONSET AND 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) (Min.)		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 <u>Jan 16, 1949</u> , to <u>Mar 9, 1949</u> , that I last saw the deceased alive on <u>Mar 8, 1949</u> and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>N. M. Alward M.D. Consultant, Mo</u>				23b. ADDRESS		23c. DATE SIGNED <u>3-10-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trotter Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/11/49</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		45 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carroll Mo</u>		

RECEIVED

District Health Officer No. 8,

District File

Date Filed

3-15-49

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.

Signed

Ben W. Gibson

Signed _____

Student Embalmer

Licensed Embalmer No. *2861*

P. O. Address *Carrollton*

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.