

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15316

State File No. ....

BIRTH NO. .... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 116

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1. PLACE OF DEATH a. COUNTY <b>Cole Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <b>Missouri</b> b. COUNTY: <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>California, Mo</b>	
c. LENGTH OF STAY (in this place) <b>17 days</b>		d. STREET ADDRESS (If rural, give location) <b>Gen Del</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>ISON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 8 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 29, 1881</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>68 3 9</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Davenport</b>	13b. MOTHER'S MAIDEN NAME <b>Margrett Woods</b>	14. NAME OF HUSBAND OR WIFE <b>Widowed</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nellie M Sanders</b>	ADDRESS <b>California</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>2 1/2 X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Diagnosis &amp; Surgery</b> <b>Pain from rectal fissure</b> <b>Diabetes Mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Pain from as described above</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Apr. 10, 1949, to May 8, 1949 that I last saw the deceased alive on May 8, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. O. ...</b>	(Degree or title)	23b. ADDRESS <b>Jefferson City, Mo</b>	23c. DATE SIGNED <b>4/19/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 10, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elston Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Elston, Mo</b>
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DATE REC'D BY LOCAL HEALTH OFFICER <b>May 9-1949</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis MD - JR</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl R. Bowler - California</b>	ADDRESS <b>MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed  
MAY 18 1949

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 \_\_\_\_\_  
Student Embalmer

Signed

*Earl P. Bowlin*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.