

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18249

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 107

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | |
| c. LENGTH OF STAY (In this place) <u>24 9 24 0</u> | | d. STREET ADDRESS (If rural, give location) <u>162 W Jackson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>162 W Jackson</u> | | d. STREET ADDRESS <u>162 W Jackson</u> | |

| | | | | | |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>ALICE</u> c. (Last) <u>MIKLE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May - 30 - 1949</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec. 30 - 1879</u> | 9. AGE (In years last birthday) <u>69</u> | 10. UNDER 1 YEAR: MONTHS <u>—</u> DAYS <u>—</u> HOURS <u>—</u> MIN. <u>—</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | | | | |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Fredrick Conrad Scharnhout</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Barrett</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jonathan Whitner Mickle</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs L. A. Strickland Marshall Mo</u> | |

| | | | | | | |
|---|--|--|--|--|---|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cardio-vascular renal disease hypertension</u> ANTECEDENT CAUSES <u>Acute Coronary Thrombosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10-20 yrs</u> <u>30 min</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | <u>11201</u> | |

| | | | | | |
|--|--|--|--|---|--|
| 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 Jan, 1949, to May 30, 1949 that I last saw the deceased alive on 5-29, 1949 and that death occurred at 12:00 A m., from the causes and on the date stated above.

| | | | | | |
|---|--|---------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>O. A. Veatch M.D.</u> | | 23b. ADDRESS <u>Marshall Mo</u> | | 23c. DATE SIGNED <u>5-31-49</u> | |
|---|--|---------------------------------|--|---------------------------------|--|

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 2 - 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Garden</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>May 31-1949</u> | | REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u> | | ADDRESS <u>Marshall Mo</u> | |

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

97
1
2

JUN 6. REC'D
RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

6-8-49

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.

Student _____
Student Embalmer

Signed _____

Joseph R. Markler

Licensed Embalmer No. 4571

P. O. Address. Marshall, Mo

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.