

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 19110

BIRTH NO.		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Rural Lyon</u>		c. LENGTH OF STAY (in this place) <u>22 yrs.</u>		c. CITY OR TOWN <u>Rural Lyon</u>		36	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Mrs. Charles Cuno New Haven</u>				d. STREET ADDRESS <u>Home of Mrs. Charles Cuno New Haven</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sarah</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Debo</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>16</u>		(Year) <u>1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Nov 14 1881</u>	
9. AGE (In years last birthday) <u>67</u>		if UNDER 1 YEAR <u>6</u> Months		if UNDER 1 YEAR <u>2</u> Days		if UNDER 12 HOURS <u>2</u> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Calloway County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William C. Debo</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jones</u>		14. NAME OF HUSBAND OR WIFE			
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. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nettie Cuno, New Haven Mo</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Epilepsy</u>				<u>3 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)	
		DUE TO (c)					
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) (Minute)		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>4-16</u> , 19 <u>49</u> , to <u>5-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-18</u> , 19 <u>49</u> and that death occurred at <u>7:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. Matthews, M.D.</u> (Degree or title)				23b. ADDRESS <u>Beaufort, Mo</u>		23c. DATE SIGNED <u>5-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Haven City Cent.</u>		24d. LOCATION (City, town, or county) (State) <u>New Haven Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-18-49</u>		REGISTRAR'S SIGNATURE <u>M. H. Matthews</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Stemmie</u>		ADDRESS <u>Beaufort Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 28 1949  
District Health Officer No. 9,  
District File Number

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

*E. H. Semme*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *E. H. Semme*

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

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.