

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 15 1949

22388

State File No. _____

Registrar's No. _____

BIRTH NO. _____

REG. DIST. NO. **370**

PRIMARY REG. DIST. NO. _____

6256

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) Brunot		c. CITY (If outside corporate limits, write RURAL and give township) Piedmont	
c. LENGTH OF STAY (in this place) 2 week		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION J			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Brewington c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) 4 7 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 23	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Des Arc, Mo.	
12. CITIZEN OF WHAT COUNTRY? AMERICA					

13a. FATHER'S NAME B.F. Brewington		13b. MOTHER'S MAIDEN NAME Emily Stevenson		14. NAME OF HUSBAND OR WIFE Dr. C.H. Jones	
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. C.H. Jones, Piedmont	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND 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) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1201	

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 **4-6, 1949**, to **4-2, 1949** that I last saw the deceased alive on **4-6, 1949** and that death occurred **at home**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Stony, M.D.		23b. ADDRESS Piedmont, Mo.		23c. DATE SIGNED 6-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/10/49		24c. NAME OF CEMETERY OR CREMATORY Des Arc, Mo.	
24d. LOCATION (City, town, or county) (State) Des Arc, Mo.		DATE REC'D BY LOCAL REG. Apr 30, 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Goder, Piedmont, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

7-11-49

District Health Officer No. 4

District File Number 749-909

Date Filed

VS
JUL 2 7 1959

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

me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *William Coder*

Licensed Embalmer No. *3723*

P. O. Address *Piedmont 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.