

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22797**
Registrar's No. **23**

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **4087**

1. PLACE OF DEATH
a. COUNTY **Carter**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Van Buren C.T.**

c. LENGTH OF STAY (In days) **18**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY **Carter**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Van Buren Carter Towns.**

d. STREET ADDRESS (If rural, give location) **0**

3. NAME OF DECEASED
a. (First) **Sarah** b. (Middle) **Belle** c. (Last) **Hearington**

4. DATE OF DEATH (Month) (Day) (Year)
7-18-49

5. SEX
F

6. COLOR OR RACE
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED
Widow

8. DATE OF BIRTH
3-29-1874

9. AGE (In years last birthday) **75** IF UNDER 1 YEAR: Months **8** Days **29** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done for most of time preceding illness, if retired)
Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZENSHIP OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Fletcher Milligan

13b. MOTHER'S MAIDEN NAME
Mary Smith

14. NAME OF HUSBAND OR WIFE
Deceased

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
Jack Hearington, Van Buren, Mo

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 -

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Apoplexy**

ANTECEDENT CAUSES **General arterio sclerosis, hypertension-**
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.

INTERVAL BETWEEN ONSET AND DEATH

444X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16-18-49 to 7-18-19-49 that I last saw the deceased alive on 7-18-19-49, and that death occurred at 9:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. H. Cotton, M. D.

23b. ADDRESS
Van Buren

23c. DATE SIGNED
7-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
7-19-49

24c. NAME OF CEMETERY OR CREMATORY
Dry Valley

24d. LOCATION (City, town, or county) (State)
Carter Co, Mo.

DATE REC'D BY LOCAL REG.
Aug. 4-49

REGISTRAR'S SIGNATURE
Mrs. Ota Henson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Phil A. Leuckel, Van Buren, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/6/49
District Health Officer No. 5,
District File Number 849560
Date Filed 8/18/49

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 Allen C. McSpadden

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.