

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23152

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 678

1. PLACE OF DEATH a. COUNTY <b>Greene County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township). <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1439 High Street</b>		d. STREET ADDRESS (If rural, give location) <b>1439 High Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Ann</b> c. (Last) <b>Widner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 29 1949</b>
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>Sept 2 1860</b>
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>27</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housework</b>	11. BIRTHPLACE (State or foreign country) <b>Wright County</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Noah Claxton</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>N W. Widner</b>	
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>Lawson Widner</b>
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) <b>Fractured R. Femur</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <input checked="" type="checkbox"/> <b>Senility</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>E 9040</b> <b>21</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Residence</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>1439 E. High Greene Mo</b>	21f. HOW DID INJURY OCCUR? <b>Tripped &amp; fell in home</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 14 1949 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>133</b>	
22. I hereby certify that I attended the deceased from <b>6-14-49</b> to <b>7-25-49</b> , that I last saw the deceased alive on <b>7-25</b> , 19 <b>49</b> and that death occurred at <b>6 AM</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>@ E. Feller</b>		23b. ADDRESS <b>M.D. 609 Cherry, Springfield, Mo</b>	23c. DATE SIGNED <b>7-29-49</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 31, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Little Creek Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Wright County</b>
DATE REC'D BY LOCAL REG. <b>8-3-49</b>	REGISTRAR'S SIGNATURE <b>W.E. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene E. Waldron</b>	
ADDRESS <b>Hartville Mo</b>		ADDRESS <b>Hartville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Thomas F. Gouldin

Licensed Embalmer No. 4317

P. O. Address Normal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.