

STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1949

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

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5522 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN <u>Cross Timbers - C. Township All of life</u>		c. CITY OR TOWN <u>Rural - Cross Township</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi North</u>		<u>4 miles North</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aberham</u> b. (Middle) <u>Lincoln</u> c. (Last) <u>Sally</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 16-1855</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Andrew Jackson Sally</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Lopp</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ellis Brooks - Fristoe, 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* (a) <u>Uremic poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular and kidney</u> DUE TO (c) <u>Senility</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>  <u>1/4 2X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>July 2, 1945</u> , to <u>Aug 16, 1949</u> , that I last saw the deceased alive on <u>Aug 12, 1949</u> , and that death occurred at <u>11:22 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl Bailey</u>		23b. ADDRESS <u>115 1/2 W. Main St. No. 2</u>	
23c. DATE SIGNED <u>Aug 27 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-18-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery, Fristoe, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Fristoe, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31-1949</u>		REGISTRAR'S SIGNATURE <u>W.P. Hargiss</u> 121	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Libert Kothauer, Wheatland, Mo</u>		ADDRESS <u>Wheatland, Mo</u>	

RECEIVED

District Health Officer No. 7,

District File Number 8-49-1058

Date Filed 9-7-49

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

*Chas. Gilbert Hathaway*

Licensed Embalmer No. 4267

P. O. Address

*Wheatland, 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.