

FILED SEP 29 1949
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32768**

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4571 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>C. County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harris</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harris</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>	b. (Middle) <u>Catherine</u>	c. (Last) <u>Michael</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 15 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 2 WRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mercer County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James W. Jobe</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hoet</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Michael</u>
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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>J. B. Coatings, Harris Mo</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>8/2 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/1 1949, to 8/2, 1949, that I last saw the deceased alive on 8/2, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Coatings</u> (Degree or title) <u>D.O.P.</u>	23b. ADDRESS <u>Harris, Mo</u>	23c. DATE SIGNED <u>9/1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harris Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 26 - 49</u>	REGISTRAR'S SIGNATURE <u>Brita Caldwell</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Payne</u>	ADDRESS <u>Harris Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 27 1949

RECEIVED

District Health Officer No. 1

District File Number 9-49-166

Date Filed SEP 27 1949

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.

Signed H. Howard Judd

Signed _____
Student Embalmer

Licensed Embalmer No. 3240

P. O. Address Newtown

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.

[Handwritten signature]