

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36318**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 275

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (In this place) <u>4</u> <u>9</u> <u>months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PUTAH—BOURBON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smidtzs Convalescent Home</u>		d. STREET ADDRESS (If rural, give location) <u>5 M. S.W. STURGEON</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Leantha</u> c. (Last) <u>Sword</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 - 1949</u>
5. SEX <u>FE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Jan 31 - 1859</u>
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>HWY.</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andy Woods</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Sword</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John W. Sword</u>		ADDRESS <u>Hannington 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis &amp; myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Weakness &amp; Emaciation</u> DUE TO (c) <u>Senile debility</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>	
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>March 4, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>March 4, 1949</u> , and that death occurred at <u>10 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Sparks</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>13111/13111/13111/Christian College Columbia, Mo</u>	
23c. DATE SIGNED <u>11-9-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Nov. 8 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes &amp; Booth</u> ADDRESS <u>Sturgeon Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> 31	

RECEIVED  
NOV 15 1949  
District Health Officer No. 9  
District File Number

NOV 28 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 *A. E. Boothe*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.