

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37034

State File No. 80
 BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5336 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Benton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Benton Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Near Mound City, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Mound City, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>Ellen</u>	
		c. (Last) <u>Field</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 20, 1880</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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 <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Missoure</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>I. M. Bryan</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Dunn</u>	
		14. NAME OF HUSBAND OR WIFE <u>Ira L. Field</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Louie Field</u> ADDRESS <u>Mound City, 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>Endocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>chronic interstitial nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>592X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE (Specify) <u>HOMICIDE</u>		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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/11</u> , 19 <u>48</u> , to <u>11/14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/14</u> , 19 <u>49</u> , and that death occurred at <u>1 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. C. Hogan MD</u> (Degree or title)		23b. ADDRESS <u>Mound City Mo</u>	
		23c. DATE SIGNED <u>11-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 16, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 17 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 1220	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

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