

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40049

BIRTH NO. REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MTN. GROVE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MTN. GROVE</b>	
c. LENGTH OF STAY (in this place) <b>20 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>MAIN 16</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RAYMOND</b> b. (Middle) <b>HILLARD</b> c. (Last) <b>SAILS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 5 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>MAY 14 1898</b>		9. AGE (In years last birthday) <b>51</b>		10. IF UNDER 1 YEAR: Months <b>6</b> Days <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MERCHANT</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>NATHAN SAILS</b>		13b. MOTHER'S MAIDEN NAME <b>DORA ELLIS</b>		14. NAME OF HUSBAND OR WIFE <b>NORA LENA CANADA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WAR.I.</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Lena Sails</b> ADDRESS <b>Mtn. Grove, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hour</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4201</b>	
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) <b>MTN. GROVE WRIGHT MO.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **11-5-1949**, to **11-5-1949**, that I last saw the deceased alive on **11-5-1949**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lena Sails</b>		23b. ADDRESS <b>Mtn. Grove Mo.</b>		23c. DATE SIGNED <b>11-8-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV. 9/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HILLCREST</b>	
		24d. LOCATION (City, town, or county) (State) <b>MTN. GROVE MO</b>			
DATE REC'D BY LOCAL REG. <b>11-9-49</b>		REGISTRAR'S SIGNATURE <b>A. C. Ames</b> 348		25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell W. Barber</b> ADDRESS <b>Mtn. Grove Mo.</b>	

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

RECEIVED NOV 14 1949  
District Health Office No. 6  
District File Number 1149-1140  
Date Filed 11-14-49  
MAR 9 1950  
NOV 28 1949

NOV 3 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 R. W. Barber

Signed .....  
Student Embalmer

Licensed Embalmer No. 3848

P. O. Address Weth. Grove, Va.

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.