

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 503

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5233 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>	c. LENGTH OF STAY (In this place) <u>67 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm North East Weathers</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles N. E. West line Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Adaline</u> c. (Last) <u>Mc Gill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 - 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 17 - 1861</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Volunt KY. 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Elem Morrison</u>	13b. MOTHER'S MAIDEN NAME <u>Lavinia Tabb.</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis Mc Gill</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>Dr. M. Bradley Cleveland, Mo.</u>	ADDRESS <u>_____</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA, BILATERAL</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. <u>ARTERIOSCLEROSIS, GENERALIZED</u> <u>Senility</u>		<u>491X</u>	

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>_____</u> (COUNTY) <u>_____</u> (STATE) <u>_____</u>
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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? <u>_____</u>
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22. I hereby certify that I attended the deceased from Aug. 1947, to JAN 5, 1950, that I last saw the deceased alive on JAN 4, 1950, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Dargatzis MD</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>1-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-7-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Mo Near Freeman Cass, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>_____</u>
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DATE REC'D BY LOCAL REG. <u>Jan 9, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers Cleveland Mo</u>	ADDRESS <u>_____</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0196
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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.....

Geo. E. Myers

Licensed Embalmer No. *2517*

P. O. Address *Cleveland 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.