

FILED JAN 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2056
Registrar's No. 112

BIRTH NO. 74564-49 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> <u>0821</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>205 N. eighth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 N. Eighth</u>			

3. NAME OF DECEASED a. (First) <u>Sara</u> (Type or Print)	b. (Middle) <u>Louise</u>	c. (Last) <u>Presley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-50</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 17, 1949</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>19</u>	IF UNDER 24 HRS. Hours <u>19</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Donald Presley</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Strikwerda</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donald Presley - 205 N. 8th - Louisiana</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>69540</u> <u>18</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-----</u>		
	DUE TO (c) <u>Suffocated while sleeping in crib entangled in bed clothes</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</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 (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Louisiana Pike Mo. 0821</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 5 1950 1:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suffocated while sleeping</u>
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22. I hereby certify that I attended the deceased from -----, 1950, to -----, 1950, that I last saw the deceased dead on Jan 5, 1950, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. C. Mudd, Coroner</u>	23b. ADDRESS <u>Baselring Green, Mo.</u>	23c. DATE SIGNED <u>Jan 6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Star Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7, 1950</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles</u>	ADDRESS <u>Elsberry, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 12 1950
District Health Officer No. 10
District File Number 1-52-9
Date Filed JAN 12 1950

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

Garland

Licensed Embalmer No. 4012

P. O. Address Elsberg, 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.