

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7270

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>922</u>		PRIMARY REG. DIST. NO. <u>4478</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SCHUYLER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LANCASTER</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>FEB 3 1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JUNE 21, 1852</u>		9. AGE (In years last birthday) <u>97</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>SCHUYLER CO. MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MATHEW WISE</u>		13b. MOTHER'S MAIDEN NAME <u>BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>JACOB BARNHART</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mason Barnhart</u> ADDRESS <u>401 S. Delmar</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biliary common duct obstruction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable carcinoma</u> DUE TO (c) <u>Unknown</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serility and marked feebleness</u> 3. AUTOPSY? <u>NO</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u> (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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>155X</u>		22. I hereby certify that I attended the deceased from <u>Jan 1940</u> to <u>Feb 3d, 1950</u> , that I last saw the deceased alive on <u>Feb. 3, 1950</u> , and that death occurred at <u>12-30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edw. N. Minton, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lancaster, Mo</u>		23c. DATE SIGNED <u>Feb. 6, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JIM TOWN CEM</u>		24d. LOCATION (City, town, or county) (State) <u>JIM TOWN, MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb 10/1950</u>		REGISTRAR'S SIGNATURE <u>Miss R. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett R. Head Lancaster, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 13 1950

District Health Officer No.

District File Number 2-50-2

FEB 13 1950

Do not file

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

*Everett R. Head*

Licensed Embalmer No. 4038

P. O. Address *Lancaster 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.