FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9800

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 4390 Registrar's No. 2

1. PLACE OF DEATH

a. COUNTY: Osage

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meta

c. LENGTH OF STAY (in this place): 72 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: Maries

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meta 0760

d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)

a. (First): SARAH

b. (Middle): ELIZABETH

c. (Last): CHAMPHION

4. DATE OF DEATH (Month) (Day) (Year): March 24 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 11, 1857

9. AGE (In years last birthday): 92 — If under 1 year: Months 3, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Meta, Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Marion Adam Barchart

13b. MOTHER'S MAIDEN NAME: Sarah Warren

14. NAME OF HUSBAND OR WIFE: Harrison Champion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: _____

17. INFORMANT'S SIGNATURE OR NAME: William Champion — **ADDRESS**: Meta Mo.

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) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 days

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.

W.B.A.D.

19a. DATE OF OPERATION: _____

19b. MAJOR FINDINGS OF OPERATION: _____

20. AUTOPSY? YES ☐ NO ☐

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): _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: _____

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* 3/19/, 1950, *to* 3/24/, 1950, *that I last saw the deceased alive on* 3/24, 1950, *and that death occurred at* 6:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. W. Fowler — (Degree or title): D. O.

23b. ADDRESS: Meta Mo.

23c. DATE SIGNED: 3/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried

24b. DATE: March 26, 1950

24c. NAME OF CEMETERY OR CREMATORY: Southside Cemetery

24d. LOCATION (City, town, or county) (State): Meta Mo.

DATE REC'D BY LOCAL REG.: 3-25-50

REGISTRAR'S SIGNATURE: Rose Rowan 236

25. FUNERAL DIRECTOR'S SIGNATURE: Herman H. Strope — **ADDRESS**: Meta Mo

45.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 27 1960
District Health Officer No. 91
District File Number

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 Herman H Throp

Licensed Embalmer No. 2924

P. O. Address Meta Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.