

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12307

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 10

0220

1. PLACE OF DEATH
a. COUNTY Christian County Mo
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clark Mo. Finley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural - Finley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Christian
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Finley Township
d. STREET ADDRESS (If rural, give location) Rural - Finley Township

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah b. (Middle) — c. (Last) McEminin

4. DATE OF DEATH (Month) (Day) (Year)
March 30 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH June 12-1883 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 66 7 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper 10b. KIND OF BUSINESS OR INDUSTRY House Keeper 11. BIRTHPLACE (State or foreign country) Christian County Mo 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Robert McEminin 13b. MOTHER'S MAIDEN NAME Amanda Shipman 14. NAME OF HUSBAND OR WIFE Ed. McEminin Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 7101 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Jones Clark 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) Hypostatic Pneumonia
ANTECEDENT CAUSES
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 7500

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 Sept-1, 1949 to Nov-30, 1950, that I last saw the deceased alive on Nov-29, 1950, and that death occurred at 9:15 p. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Harrison P. Wilson, M.D. 23b. ADDRESS Sparta, Mo. 23c. DATE SIGNED Apr-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 2, 50. 24c. NAME OF CEMETERY OR CREMATORY Selmon Cemetery 24d. LOCATION (City, town, or county) (State) Christian County, Mo

DATE REC'D BY LOCAL REG. Apr 25-1950 REGISTRAR'S SIGNATURE Laella Leonard 59 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin, Clark, Mo

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

RECEIVED MAY 1 1950

District Health Office No. 6,

District File Number 550-512

Date Filed 5-1-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed T. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.