No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15763

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 4001 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novinger
c. LENGTH OF STAY (In this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novinger 0010
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Isabel
c. (Last): Partin

4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 50

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: 1-26-1868
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 21 — 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: Retired
11. BIRTHPLACE (State or foreign country): Adair County - Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Abernathy
13b. MOTHER'S MAIDEN NAME: Delialy Bradshaw
14. NAME OF HUSBAND OR WIFE: Preston Partin

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: Norville Partin — ADDRESS: Worthington 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): Cronic rheumatic Heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Inflammatory rheumatism
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile Debility

INTERVAL BETWEEN ONSET AND DEATH: 416X

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* Jan. 1, 1940, *to* May 17, 1950, *that I last saw the deceased alive on* 5/17, 1950, *and that death occurred at* 2:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J S Gashwiler M D
23b. ADDRESS: Novinger Mo
23c. DATE SIGNED: 5/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-19-50
24c. NAME OF CEMETERY OR CREMATORY: Low Ground Cemetery
24d. LOCATION (City, town, or county) (State): Novinger Mo

DATE REC'D BY LOCAL REG.: 5-17-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Hopper Funeral Home — ADDRESS: Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 2 3 1950
District Health Officer No. 10
District File Number 5-50-87
Date Filed

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.

Signed Louis E. Hopper

Signed .....
Student Embalmer

Licensed Embalmer No. 426

P. O. Address Clarence Wis

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.