

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19989

0427

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

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>Herry</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Herry</u>			
b. CITY (If outside corporate limits, write RURAL and give address or location) <u>Clinton</u>		c. LENGTH OF STAY (If in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		<u>0427</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>600 W. 3rd St.</u>				d. STREET ADDRESS (If rural, give location) <u>211 W. Green St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>			b. (Middle) <u>ISABELLA</u>			c. (Last) <u>HETHERINGTON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1950</u>				5. SEX <u>Female</u>			
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July 10, 1870</u>		9. AGE (In years last birthday) if UNDER 1 YEAR Months Days Hours Min. <u>79 11 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping own home</u>		11. BIRTH PLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Fred Richards</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Newald</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas Hetherington</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 ADDRESS <u>Mrs. Geo. Montgomery, Clinton, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer Stomach</u> 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 <u>2-24</u> <u>2-21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-1</u> , 19 <u>49</u> , to <u>6-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>50</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. Walker, M.D.</u>				23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>6-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 15, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 16-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Tansant</u>		ADDRESS <u>Clinton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-19-50  
District Health Officer No. 74  
District File Number 5-50-671  
Date Filed 6-19-50

JAN 22 1951

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 H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.