

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 2 1950 STANDARD CERTIFICATE OF DEATH

State File No. **23972**

BIRTH NO. _____ **REG. DIST. NO.** 2 **PRIMARY REG. DIST. NO.** 4296 **Registrar's No.** 35

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Guthrie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah Elizabeth</u> b. (Middle) <u>Durham</u> c. (Last) _____			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>15</u> (Year) <u>50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-3-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Co-operative pub.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
13a. FATHER'S NAME <u>John Gooch</u>		13b. MOTHER'S MAIDEN NAME <u>Polina Hardin</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>442-10-2941</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eddie Macrafer</u> ADDRESS <u>Guthrie Okla</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by revolver - shot in back</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Involuntary Melancholia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		_____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>June 20, 1950</u> , to <u>July 15, 1950</u> , that I last saw the deceased alive on <u>July 14, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J.R. Martin</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Browning, Mo</u>	23c. DATE SIGNED <u>July 15, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 18, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Guthrie Oklahoma</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>7/21, 50</u>	REGISTRAR'S SIGNATURE <u>Elva Crookbank</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>	ADDRESS <u>Browning</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0580

RECEIVED JUL 25 1960
District Health Officer No. 10
District File Number 2-50-1224
~~Dist. File~~ JUL 31 1960

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.