

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26844**
20370

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty		c. CITY (If outside corporate limits, write RURAL and give township) Liberty	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 112 Suddath St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 112 Suddath St.			

3. NAME OF DECEASED (Type or Print) a. (First) Sallie b. (Middle) Ann c. (Last) Archer			4. DATE OF DEATH (Month) (Day) (Year) August 11-50		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	
8. DATE OF BIRTH Dec. 30-1858		9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR Months 7 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Clay County, Mo.	
12. CITIZEN OF WHAT COUNTRY? Us.					

13a. FATHER'S NAME Thomas Crockett		13b. MOTHER'S MAIDEN NAME Mary White Everett		14. NAME OF HUSBAND OR WIFE U.C. Archer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Walter Archer	
				ADDRESS Liberty, 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) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH Autop.	
		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.				4500	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 1938 to Aug 11, 1950, that I last saw the deceased give on Aug 10, 1950, and that death occurred at 8:45 A m., from the causes and on the date stated above.

23a. SIGNATURE Glenn W. Anderson MD		23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 8/11/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 12-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Memorial		24d. LOCATION (City, town, or county) (State) Liberty, Mo	
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DATE REC'D BY LOCAL REG. Aug. 12. 1950		REGISTRAR'S SIGNATURE Minnie Haynes		64		25. FUNERAL DIRECTOR'S SIGNATURE Church-Archer Co. Liberty Mo		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0241



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 John Lawrence.....
Licensed Embalmer No. 4448

P. O. Address Liberty 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.