

FILED AUG 29 1950
27294-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27518
State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5757 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - St. Michael)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - St. Michael <u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R 1, Fredericktown, Mo.		d. STREET ADDRESS (If rural, give location) R 1, Fredericktown, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Verna	b. (Middle) Kay	c. (Last) Sales	4. DATE OF DEATH (Month) (Day) (Year) August 7, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 9, 1950	9. AGE (In years last birthday) 2 MONTHS 28 DAYS 18 HOURS 18 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Melvin Sales	13b. MOTHER'S MAIDEN NAME Eula Guinn	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Melvin Sales, Fredericktown, Mo.	ADDRESS Fredericktown, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 92/5 46
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strangulation by milk 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? 062 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Picture Show	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fredericktown, Madison, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 7, 50 7:05 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Strangled while nursing

22. I hereby certify that I attended the deceased from **Aug 7, 1950**, to **AUG. 7, 1950**, that I last saw the deceased alive on **Aug 7, 1950**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE George W. Johnson (Degree or title) D.O.	23b. ADDRESS Fredericktown, Mo.	23c. DATE SIGNED 8-9-50
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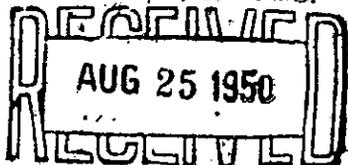
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-9-50	24c. NAME OF CEMETERY OR CREMATORY Peterman Cemetery	24d. LOCATION (City, town, or county) (State) Madison County Missouri
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DATE REC'D BY LOCAL REG. 8-14-1950	REGISTRAR'S SIGNATURE Florence Beck	25. FUNERAL DIRECTOR'S SIGNATURE Sam Najim, Jr.	ADDRESS Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0630

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 850-14

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

William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.