

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27882

State File No.

FILED SEP 8 1950

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Huntsville</u>		c. LENGTH OF STAY (in this place) <u>4 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Perry</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M & M Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>EWLEN</u> c. (Last) <u>AYT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August-29-1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 2 - 1867</u>		9. AGE (In years, last birthday) (If under 1 year: Months, Days, Hours, Min.) <u>82</u> <u>11</u> <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Macon County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John A. Hulbick</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Barnes</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas Ayt Moberly Missouri</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>Hypertensive Pulmonary</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis - Senility</u> DUE TO (c) <u>Myocardial Degeneration</u> 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 days</u> <u>4231</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)		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>April 9, 1950</u> , to <u>Aug. 29, 1950</u> , that I last saw the deceased alive on <u>Aug 29, 1950</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Res. M. Roschman D.O.</u>		23b. ADDRESS <u>Huntsville, Mo.</u>		23c. DATE SIGNED <u>8/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral Home</u>		24b. DATE <u>31-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ten Mile Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ten Mile Mo.</u>
DATE REC'D BY LOCAL REG. <u>Aug. 30-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. L. A. Barnhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Snow Funeral Home Moberly Mo</u>	

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

SEP 12 1950

Date Received: SEP 6 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-14
Date Filed: SEP 7 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. M. Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address Moherly 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.