

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 32nd PRIMARY REG. DIST. NO. 4477 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Shelwood Schuyler Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shelwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelwood</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> <u>Sarah</u>		b. (Middle) <u>L</u>	
		c. (Last) <u>WRIGHT</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22 - 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan 13 1855</u>
		9. AGE (In years last birthday) <u>95</u> If under 1 year: Months <u>7</u> Days <u>11</u> If under 1 hrs. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
		11. BIRTHPLACE (State or foreign country) <u>Bloomfield Ia</u>	
		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13a. FATHER'S NAME <u>Mark Lige</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Howard</u>	
		14. NAME OF HUSBAND or wife <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Jake Faust</u> ADDRESS <u>Shelwood 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>Arterio-sclerosis</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
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)		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) (Min.)		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>May 30</u> , 19 <u>50</u> , to <u>Aug 22</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Aug 22</u> , 19 <u>50</u> , and that death occurred at <u>4:14</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.E. Vaughn D.O.</u>		23b. ADDRESS <u>Lancaster, Mo</u>	
		23c. DATE SIGNED <u>8/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE	
		24c. NAME OF CEMETERY OR CREMATORY	
		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Aug 29-50</u>		REGISTRAR'S SIGNATURE <u>Wm. W. Drake</u>	
		FUNERAL DIRECTOR'S SIGNATURE <u>Lord Moore Downing</u> ADDRESS <u>Mo</u>	

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

Date Received: SEP 5 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-141
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 Ma

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Moore

Licensed Embalmer No. 3157

P. O. Address Worthington

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.