

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37418

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>518</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) township <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peoria</u>		<u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u>				d. STREET ADDRESS <u>Rural</u> (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>France</u> c. (Last) <u>Hill Addington</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 50</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 31 1880</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
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 <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>U Goforth</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Towney Addington</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Towney Addington</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>anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) <u>4/20/50</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-7</u> , 19 <u>50</u> , to <u>11-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>50</u> , and that death occurred at <u>9:50 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles L. Davis M.D.</u>				23b. ADDRESS <u>Galena, Kans</u>		23c. DATE SIGNED <u>11-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL <u>REMOVED</u>		24b. DATE <u>11-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Galena kans</u>	
DATE REC'D BY LOCAL REG. <u>11-18-50</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u> <u>138</u> <u>By Walter Simpson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William C. Poteet</u>			

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED 11-21-50

Jasper County Health Office

County File Number 50-11-843

Date Filed 11-21-50

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.

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. 2067 Ka

P. O. Address Galena, Ia

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.