

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3559

State File No. \_\_\_\_\_

FILED FEB 5 1951

BIRTH NO. _____		REG. DIST. NO. <u>956</u>		PRIMARY REG. DIST. NO. <u>452d</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston Precy</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston, Mo.</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>			b. (Middle) <u>MARGARET</u>			c. (Last) <u>KHOFFENSTINE</u>	
5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 25, 1865</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>1 21 51</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>Newburg, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>P. D. Turner</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Dickson</u>			14. NAME OF HUSBAND OR WIFE <u>Eli</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Indie Roberts</u> ADDRESS <u>Houston 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardio-Respiratory Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerosis</u> <u>Decompensated Decompensation</u> DUE TO (c) <u>Heart Disease</u> <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Age (Senility)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Jun 7</u> , 19 <u>48</u> , to <u>Jun 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jun 20</u> , 19 <u>51</u> , and that death occurred at <u>9:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Juris, M.D.</u> (Degree or title)				23b. ADDRESS <u>Houston, Mo</u>		23c. DATE SIGNED <u>1/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HALE</u>		24d. LOCATION (City, town, or county) (State) <u>HALE MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 30-51</u>		REGISTRAR'S SIGNATURE <u>Myrtie Craig</u> 327		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayford V. Elliott</u> ADDRESS <u>HOUSTON, Mo</u>			

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

1070

DIVISION OF HEALTH OF MO.

Dist. for rec. Springfield

RECEIVED FEB 1 1937

Dist. File 251-270

Date Filed 2-2-37

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.