S. No. 300
Rev. 10-48

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4257

State File No.

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 10

0270 1

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Otter
c. LENGTH OF STAY (in this place): 8
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles N.E. Otterville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): 0000

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) E c. (Last) DEWAN

4. DATE OF DEATH: (Month) MAR (Day) 1 (Year) 51

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MAY 4 18 58

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 9 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GENERAL HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HOWARD Co MO

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: NORAH KELLEY

13b. MOTHER'S MAIDEN NAME: MILIND JANE

14. NAME OF HUSBAND OR WIFE: THOMAS DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs John Meyer Otterville Mo

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): Myocardial degeneration

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio sclerosis

DUE TO (c): senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 2 2 1

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* FEB 1, 19 51, *to* MAR 1, 19 51, *that I last saw the deceased alive on* FEB 25, 19 51, *and that death occurred at* 10:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Johnson M.D.

23b. ADDRESS: Otterville MO

23c. DATE SIGNED: 3-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-3-51

24c. NAME OF CEMETERY OR CREMATORY: Smithton

24d. LOCATION (City, town, or county) (State): Smithton Mo

DATE REC'D BY LOCAL REG.: Mar 3-51

REGISTRAR'S SIGNATURE: Nellie Trullett

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: A. F. Nennuger Smithton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-12-51

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 A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.