

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9375

State File No.
Registral's No. 36

BIRTH NO.		REG. DIST. NO. 230.		PRIMARY REG. DIST. NO. 5810		Registral's No. 36	
1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Spring, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Spring, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>Sarah</u>		<u>Susan</u>		<u>Anderson,</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>March</u>		<u>24th</u>		<u>1951</u>	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>Female</u>		<u>White</u>		<u>Widowed</u>		<u>Oct 23rd 1858</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housework</u>				<u>Near Americus, Mo.</u>		<u>U.S.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>Benjamin W. Clark,</u>		<u>Prudence M. Snethen,</u>		<u>Wm Jasper Anderson,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
				<u>P. J. Naysmith</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>Acute DILATATION RT. VENTRICLE HEART</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of STOMACH</u> DUE TO (c) <u>INITIAL NEPHRITIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIO-SCLEROSIS 151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>8 months</u> <u>3 yrs.</u> <u>P</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
<u>None</u>		<u>None</u>					
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)			
<u>None</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
<u>None</u>							
22. I hereby certify that I attended the deceased from <u>Aug 1</u> , 19 <u>46</u> , to <u>March 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 22</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James O. Helm</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>3-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>March 26-1951</u>		<u>Clark Cemetery</u>		<u>Near Americus, Mo.</u>	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>March 26, 1951</u>		<u>Mrs. Eunice Bush</u>		<u>Wm. J. Naysmith</u>		<u>Americus, Mo.</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 30 1951

RECEIVED

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 _____

D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.