

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16324

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 4222		Registrar's No. 40			
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bigelow		c. LENGTH OF STAY (in this place) 78 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bigelow		0440			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bigelow				d. STREET ADDRESS (If rural, give location) Bigelow					
3. NAME OF DECEASED (Type or Print) Sarah			a. (First)		b. (Middle) Jane		c. (Last) Catron		
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH May 17, 1858	
9. AGE (In years last birthday) 93		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (State or foreign country) U Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Riley			13b. MOTHER'S MAIDEN NAME Lydia Miller			14. NAME OF HUSBAND OR WIFE James G. Catron			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lottie Hoyt Springfield, Mass.				
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) Cerebral hemorrhage 48 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 48 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						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 4-8-1951, to 5-28-1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE T. E. Hogan (Degree or title) M.D.				23b. ADDRESS Mound City, Mo.			23c. DATE SIGNED 5-31-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/31/51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		24d. LOCATION (City, town, or county) (State) Mound City, Missouri			
DATE REC'D BY LOCAL REG. 5/31/1951		REGISTRAR'S SIGNATURE D. J. Ennis 1220		25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford		ADDRESS Mound City Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
70.48

3440



APR 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.