

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20510

302

BIRTH NO. _____		REG. DIST. NO. <u>136</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. _____	
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 OR TOWN <u>Jasper</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Madison</u>		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper General Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>Sarah</u>			b. (Middle) <u>Matilda</u>		c. (Last) <u>Atwood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>		8. DATE OF BIRTH <u>Aug. 1, 1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
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>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William R. Sill</u>			13b. MOTHER'S MAIDEN NAME <u>Purlina J. Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>P. D. Atwood</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Atwood</u> ADDRESS <u>Seena, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Respiratory Failure</u> <u>Small Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia & bronchococci</u> <u>anemia.</u> DUE TO (c) <u>Possible Malignancy of Stomach</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>2002</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mildred H. Wheeler</u> (Degree or title) <u>D.D.</u>				23b. ADDRESS <u>2330 Connor Ave</u>		23c. DATE SIGNED <u>6/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.A.R. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Miami, Okla.</u>	
DATE REC'D BY LOCAL REG. <u>6-29-51</u>		REGISTRAR'S SIGNATURE <u>E. S. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. [Signature]</u>		ADDRESS <u>Seena, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-2-51

Jasper County Health Office

County File Number 51/6/534

Date Filed 7-3-51

1951 8 1 705

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 *W E Bellmore*

Licensed Embalmer No. 2174

P. O. Address *Seneca 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.