

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26049**

FILED AUG 29 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5006</u>		Registrar's No. <u>229</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0010</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Greentop, R.R.#1</u>		c. LENGTH OF STAY (in this place) <u>86 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop</u> <u>0010</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#1--Greentop, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. #1</u>			
3. NAME OF DECEASED (Type or Print) <u>Sarah</u>		a. (First)		b. (Middle)		c. (Last) <u>Voorhies</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1951</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 1, 1860</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Mercer Co. Penn /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cline</u>		14. NAME OF HUSBAND OR WIFE <u>None</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 ADDRESS <u>Annie Voorhies, Greentop, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Broncho-pneumonia</u>				<u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u>				<u>20 years</u>	
		DUE TO (c) <u>Cardio-vascular-renal disease</u>				<u>30 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>				<u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) (m.)		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 <u>April 1, 1950</u> , to <u>Aug. 19, 1951</u> , that I last saw the deceased alive on <u>Aug. 15, 1951</u> , and that death occurred at <u>12:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard E. Gross, M.D.</u>		23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>8-21-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greentop</u>		24d. LOCATION (City, town, or county) (State) <u>Greentop, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-24-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Piley</u>		ADDRESS <u>Kirkville, Mo.</u>	

Date Received: **AUG 28 1951**
DISTRICT HEALTH OFFICE #2
District File Number *857-1524*
Date Filed: **AUG 28 1951**

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

Ivan B. Cooper

Licensed Embalmer No. *4119*

P. O. Address *Kirkville, 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.