

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37068

State File No.

DEC 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>558</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		c. LENGTH OF STAY (in this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>417 South Carter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>417 South Carter</u>				d. STREET ADDRESS (If rural, give location) <u>417 South Carter</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SARAH</u>		b. (Middle) <u>X</u>		c. (Last) <u>PADFIELD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 27 1951</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>6/27/1861</u>		9. AGE (In years last birthday) <u>90</u>		if UNDER 1 YEAR Months <u>5</u> Days _____		if UNDER 24 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MAKOUTAH ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH LAND</u>		13b. MOTHER'S MAIDEN NAME <u>DORTHY GRIFFITH</u>		14. NAME OF HUSBAND OR WIFE <u>ISAAC</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS CLAUDE LINGLE</u> ADDRESS <u>Clinton</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c) <u>Senility</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 <u>4500</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>Oct. 23, 1951</u> , to <u>Nov. 27, 1951</u> , that I last saw the deceased alive on <u>Nov. 26, 1951</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert Haskell, M.D.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>11/28/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/29/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM.</u>		24d. LOCATION (City, town, or county) <u>Clinton Mo</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>Dec 1-51</u>		REGISTRAR'S SIGNATURE <u>Florence Aldair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Connelley</u> ADDRESS <u>Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 3 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 3 1951

JAN 3 1952

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

J E Condon

Licensed Embalmer No. 1891

P. O. Address Christon

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.