

No. 300  
10-48

LED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38512

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u>	
c. LENGTH OF STAY (in this place) <u>29 years.</u>		d. STREET ADDRESS (If rural, give location) <u>707 E. Locust St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>707 E. Locust St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Paulina</u> c. (Last) <u>Few.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1951.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>March 9, 1861.</u>	9. AGE (In years last birthday) <u>90.</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>25</u>	IF UNDER 12 HRS. Hours <u>---</u> Min. <u>---</u>
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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 <u>Housekeeper.</u>	11. BIRTHPLACE (State or foreign country) <u>Hickman County, Tennessee.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Weatherspoon.</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Kimbro.</u>	14. NAME OF HUSBAND OR WIFE <u>W<sup>m</sup>. Lawrence Few.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Hallam, Doniphan, Mo.</u>	ADDRESS <u>---</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Robus Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>490X</u> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Nov 3, 1951, to Nov 7, 1951 that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford Goford, M.D.</u>	23b. ADDRESS <u>Doniphan, Mo.</u>	23c. DATE SIGNED <u>11/6/51.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TOWLES CEMETERY.</u>	24d. LOCATION (City, town, or county) (State) <u>RIPLEY Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-6-51</u>	REGISTRAR'S SIGNATURE <u>E. W. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meador</u>	ADDRESS <u>Doniphan, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

910  
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RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 6

No. ....

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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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.