

FILED MAR 25 1952

STANDARD CERTIFICATE OF DEATH

7817

State File No. _____

Registrar's No. 74

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Osage City</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>In town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>McFadden</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1952</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>Nov. 9 1929</u>	9. AGE (In years last birthday) <u>22</u>	# UNDER 1 YEAR Months <u>4</u> Days <u>13</u>
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 <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Deepwater Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mothers</u>		13b. MOTHER'S MAIDEN NAME <u>Father's</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>F.L. McFadden</u>		ADDRESS <u>Osage City, 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			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombotic myocardial</u>		ANTECEDENT CAUSES			4 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broncho pneumonia</u>		DUE TO (c) _____			2 days	
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 checked="" type="checkbox"/> NO <input 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)		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 March 19, 1952, to March 22, 1952, that I last saw the deceased alive on 2/22, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. J. [Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Ballmeys</u>		23c. DATE SIGNED <u>3/22/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rickett</u>	
24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>					

DATE REC'D BY LOCAL REG. <u>March 22-52</u>		REGISTRAR'S SIGNATURE <u>R. P. Norris MD - MR.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>700 [Address]</u>	
---	--	--	--	--	--

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

264
0

Kannoyaux

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Raymond N. Martin*

Signed
Student Embalmer

Licensed Embalmer No. *4150*

P. O. Address *Jefferson 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.