

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19188

State File No. _____
Registrar's No. 302

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6271

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WASHINGTON	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) LOUISA c. (Last) HONEYCUTT			4. DATE OF DEATH (Month) (Day) (Year) MAY 23 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC 19 1884	9. AGE (In years if under 1 year) Months Days Hours Min. 67 5 4	10. KIND OF BUSINESS OR INDUSTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		11. BIRTHPLACE (State or foreign country) CONWAY MO		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME LEVI KNIGHT		13b. MOTHER'S MAIDEN NAME RUTH CAFFEY		14. NAME OF HUSBAND OR WIFE WILLIAM HONEYCUTT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM HONEYCUTT NIANGVA	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, UTERUS, PRIMARY		DUE TO (b) SECONDARY GENERALIZED			5 YRS.
DUE TO (c) METASTASES, ANEMIA, EDEMA,		II. OTHER SIGNIFICANT CONDITIONS AND OTHER SEQUELAE.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 174X	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) (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 **APRIL 1, 1952**, to **MAY 23, 1952**, that I last saw the deceased alive on **MAY 21, 1952** and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS NIANGVA, MO.	23c. DATE SIGNED MAY 28 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-25-52	24c. NAME OF CEMETERY OR CREMATORY GOOD SPRINGS	24d. LOCATION (City, town, or county) (State) WEBSTER CO MO
DATE REC'D BY LOCAL REG. 6-1-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD	

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

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FILED JUN 9 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 _____

Russ Borker

Licensed Embalmer No. 3848

P. O. Address W. H. Jones

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.