

S. No. 300  
v. 10 48

JUL 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21589

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Doniphan, R.F.D. #1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Doniphan, R.F.D. #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doniphan, Mo. R.F.D. #1</b>		d. STREET ADDRESS (If rural, give location) <b>Doniphan, Mo. R.F.D. #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) c. (Last) <b>Maxey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-11-1952</b>		
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>1-5-1871</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Nathan Price</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>County Welfare Office Doniphan, Mo.</b>	ADDRESS
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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, 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) <b>Uremic Poisoning</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Paralysis, Arthritis</b> DUE TO (c) <b>Brain Hemorrhage</b>		
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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **1-5-1952** to **6-10-1952**, that I last saw the deceased alive on **6-10-1952**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. E. Adams M.D.</b>	23b. ADDRESS <b>Doniphan</b>	23c. DATE SIGNED <b>6-26-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-18-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Price Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ripley County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-1-52</b>	REGISTRAR'S SIGNATURE <b>G. B. Johnston</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Black-Edwards Funeral Home</b>	ADDRESS <b>Doniphan, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

Housewife

0910

0910

*[Handwritten signature]*

*[Handwritten signature]*

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 *George R. Kerby*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4752*

P. O. Address *Daniphan, 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.