

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41748**

FILED DEC 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5209** Registrar's No. **106**

1. PLACE OF DEATH a. COUNTY <b>CARROLL, LESLIE TWP.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CARROLL</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bogard MO</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RFD.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>Bogard MO</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>SARAH</b>	b. (Middle) <b>AGNESS</b>	c. (Last) <b>BROWNLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec-6-52</b>
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>NOV. 22-1881</b>	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <b>71 0 14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>James Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Whittemore</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>✓</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Glendon Hall</b>		ADDRESS <b>Bogard MO</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive ht. failure</b>		ANTECEDENT CAUSES <b>Hypertensive ht. disease</b>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Supertensive ht. disease</b>		INTERVAL BETWEEN ONSET AND DEATH	
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? <b>443 X</b> 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) (Min.)		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 <b>17 Nov, 1952</b> to <b>6 Dec, 1952</b> , that I last saw the deceased alive on <b>3 Dec, 1952</b> , and that death occurred at <b>5:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>G. Wansell</b> (Degree or title) <b>MO</b>			23b. ADDRESS <b>Paradellon MO</b>		23c. DATE SIGNED <b>6 Dec 52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 7-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Smith</b>	
24d. LOCATION (City, town, or county) (State) <b>Bogard MO RFD.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E.A. Dickerson</b>		ADDRESS <b>Bogard MO</b>	
DATE REC'D BY LOCAL REG. <b>12/11/52</b>		REGISTRAR'S SIGNATURE <b>Wm. Herbert Calvert</b>		45-1	

(Licensed Embellisher's Statement on Reverse Side)

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

0170

**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 E. A. Peterson

Licensed Embalmer No. 2534

P. O. Address Beard 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.