

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41877

State File No. ....

FILED DEC 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 71

0300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural S. Benton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural S. Benton</u>	
c. LENGTH OF STAY (in this place) <u>79 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Buffalo Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u>			

3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Frances</u> c. (Last) <u>Childress</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20-1952</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>Married</u>		8. DATE OF BIRTH <u>Jan. 20-1873</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>11</u> IF UNDER 12 HRS. Days Hours Min.	
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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		11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>L.S. Childress</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>L.S. Childress</u> ADDRESS <u>Buffalo, Mo.</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, 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>Uremia</u>		ANTECEDENT CAUSES				<u>5 day</u>	
		Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. -				<u>2 wk</u>	
		DUE TO (b) <u>Cerebral Hemorrhage</u>					
		DUE TO (c) <u>Arterio-sclerosis + hypertension</u>				<u>8-10 yrs</u>	
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) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 May, 1948, to 19 Dec, 1952, that I last saw the deceased alive on 19 Dec, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>20 Dec 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-26-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Buffalo, Mo.</u>	
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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, *Clyde Montgomery* .....

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.