

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1953

BIRTH NO. ....		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkville		c. LENGTH OF STAY (In this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kirkville		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 S. Marion				d. STREET ADDRESS (If rural, give location) 511 S. Marion			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) Ann		c. (Last) Sebree		4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9/24/1862	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Wayne Co., Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Quilla J. Caudle		13b. MOTHER'S MAIDEN NAME Perlona Campbell		14. NAME OF HUSBAND OR WIFE Urialah Sebree	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Toney, Kirkville, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia (apparent) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sequel to simple acute upper respiratory infection DUE TO (c) Probable acute corvsa II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Extreme senility with myocardial weakness, gen'l debility, & asthenia.				INTERVAL BETWEEN ONSET AND DEATH ESTIM.: 1 or 2 days Fewer days Several days Many mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION asthenia.				20. AUTOPSY? 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)		491X	
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 Jan 6, 1953, to Jan 6, 1953, and that death occurred at 8 a.m., from the causes and on the date stated above. (Signature not present at time of death.)							
23a. SIGNATURE John R. Roderick, D.O.				23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 1-6-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/53		24c. NAME OF CEMETERY OR CREMATORY New Harmony		24d. LOCATION (City, town, or county) (State) Schuyler Co., Mo.	
DATE REC'D BY LOCAL REG. 1-8-53		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirkville, Mo.			

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

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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

*Richard W. Bondall*

Licensed Embalmer No. *4866*

P. O. Address *Fiskville, 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.