S. No. 300
y. 10-48

FILED FEB 7 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 851

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4172 Registrar's No. 9

320 1

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

1. PLACE OF DEATH
a. COUNTY: DeKalb
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stewartsville
c. LENGTH OF STAY (in this place): 3 yrs,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Stewartsville Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: DeKalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stewartsville 0320
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Elizabeth c. (Last) Bird

4. DATE OF DEATH: (Month) I – (Day) (Year) I8-53

5. SEX: Fimale
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec, 2I, I864
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR Months: I Days: 27 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mo, C
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Stephen Maret
13b. MOTHER'S MAIDEN NAME: Sarah Leonard
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: XXXXXX
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Nellie Griffen Stewartsville

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	2wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial Insufficency	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility 4222	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 18, 1953, *to* Jan 18, 1953, *that I last saw the deceased alive on* Jan 18, 1953, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. J. Perry MD (Degree or title)
23b. ADDRESS: Stewartsville Mo
23c. DATE SIGNED: 1-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: I-18-53
24c. NAME OF CEMETERY OR CREMATORY: Woods
24d. LOCATION (City, town, or county) (State): Mayesville Mo

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Roscoe Davidson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John Brown Mayesville Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Maysville 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.