

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2237

No. 200
10.48
FILED JAN 30 1953

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia, Mo-Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia, 06500	
c. LENGTH OF STAY (If this place) Life		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Isabelle	c. (Last) Bond	4. DATE OF DEATH (Month) (Day) (Year) Jan 16, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 19, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4	IF UNDER 1 MIN. Days 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Iberia, Mo Rural	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Barlow	13b. MOTHER'S MAIDEN NAME Margaret Sarton	14. NAME OF HUSBAND OR WIFE Charles Bond
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Bond, Iberia, Mo Rural	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Coronary sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes			yes

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 1/16/53, 1953, to 1/14/53, 1953, that I last saw the deceased alive on 1/14/53, 1953, and that death occurred at 1:30 m., from the causes and on the date stated above.

23a. SIGNATURE Wm. A. Gould (Degree or title) MD	23b. ADDRESS Iberia, Missouri	23c. DATE SIGNED 1/17/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 18/53	24c. NAME OF CEMETERY OR CREMATORY Livingston Cemetery	24d. LOCATION (City, town, or county) (State) Iberia, Missouri Rural
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DATE REC'D BY LOCAL REG. JAN 18 1953	REGISTRAR'S SIGNATURE Jessie Perkins 1953	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Iberia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1665
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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.....

Walter P. Hedges

Licensed Embalmer No. *4265*

P. O. Address *Terre, 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.