THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4265

FILED FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0316

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba 0280
d. STREET ADDRESS (If rural, give location): Star Route /

3. NAME OF DECEASED (Type or Print): a. (First) Sadie (Middle) / c. (Last) Carey

4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1953

5. SEX: Female / **6. COLOR OR RACE**: White / **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed / **8. DATE OF BIRTH**: 9-12-1872 / **9. AGE** (In years last birthday): 80 IF UNDER 1 YEAR Months: 4 Days: IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife / **10b. KIND OF BUSINESS OR INDUSTRY**: at home / **11. BIRTHPLACE** (State or foreign country): Indiana / **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: George Short / **13b. MOTHER'S MAIDEN NAME**: Mary Worland / **14. NAME OF HUSBAND OR WIFE**: Isaac Carey

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. Mabel Killgrew Cuba, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile rheumatism
DUE TO (c) Senile arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. myocarditis

19a. DATE OF OPERATION / **19b. MAJOR FINDINGS OF OPERATION** / 4500 / **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 10, 1953, *to* 1-27, 1953 *that I last saw the deceased alive on* 1-26, 1953, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE C W Denny (Degree or title) MD / **23b. ADDRESS**: Creve Coeur, Mo / **23c. DATE SIGNED**: 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial / **24b. DATE**: 1-29-1953 / **24c. NAME OF CEMETERY OR CREMATORY**: Kinder Cemetery / **24d. LOCATION** (City, town, or county) (State): Cuba Mo.

DATE REC'D BY LOCAL REG.: 27 Jan 53 / REGISTRAR'S SIGNATURE: Herbert R Donker My / **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Paul A. Franklin, Cuba Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Paul A Shanklin

Licensed Embalmer No. 3472

P. O. Address Exeter, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.