

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **5169**

FILED MAR 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **67** PRIMARY REG. DIST. NO. **5265** Registrar's No. _____

0220

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

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Sparta Twsp.		c. LENGTH OF STAY (In this place) 10 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian		d. STREET ADDRESS Christian	
3. NAME OF DECEASED (Type or Print) Margie		a. (First) Lafferty	
b. (Middle)		c. (Last)	
4. DATE OF DEATH Feb. 25, 1953		4. DATE (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1882
9. AGE (In years) (last birthday) 70		9. AGE (In years) (last birthday) Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sam Pippin		13b. MOTHER'S MAIDEN NAME Louisa Vanderpool	
14. NAME OF HUSBAND OR WIFE E.H. Lafferty			
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.	
17. INFORMANT'S SIGNATURE OR NAME E. H. Lafferty, Sparta, Missouri		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES DUE TO (b) Mercuric Poisoning DUE TO (c) Arteriosclerosis 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 4500	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 July, 1952 , to Feb 25, 1953 , that I last saw the deceased alive on Feb 24, 1953 , and that death occurred at 7 a.m. from the causes and on the date stated above.			
23a. SIGNATURE D. Vernon P. Kilbuck		23b. ADDRESS Sparta, Mo.	
23c. DATE SIGNED Feb 28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 28, 1953	
24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery		24d. LOCATION (City, town, or county) (State) Christian, Missouri	
DATE REC'D BY LOCAL REG. March 4-53		REGISTRAR'S SIGNATURE Thomas Jean Hughes	
5. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark, Mo.	

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.