

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13083**
Registrar's No. **31**

FILED APR 11 1953

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4574**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHFIELD MO	
c. LENGTH OF STAY (In this place) 15 YRS		d. STREET ADDRESS (If rural, give location) 1128	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) _____ c. (Last) OWEN			4. DATE OF DEATH (Month) (Day) (Year) APR 3 1953		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MAY 18 1870		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR: (Month) (Day) (Year) 10 15	
11. BIRTHPLACE (City and State or Foreign Country) WEBSTER CO MO		12. CITIZEN OF WHAT COUNTRY? USA		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WEBSTER CO MO		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME HENRY PLANK		13b. MOTHER'S MAIDEN NAME LYDIA WILLIAMS		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME DAVE OWEN MARSHFIELD	
(If yes, give war or dates of service)				ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		DUE TO (b) Coronary heart disease			5 min.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) arteriosclerosis			2-3 yrs
II. OTHER SIGNIFICANT CONDITIONS		Hypertensive disease			20 yrs +
Conditions contributing to the death but not related to the disease or condition causing death.					20 yrs +

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				4201	

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) (Min.)		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 **March 31, 1953**, to **April 3, 1953**, that I last saw the deceased alive on **April 3, 1953**, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas M. Macdonnell, MD.		23b. ADDRESS Marshfield, Mo.		23c. DATE SIGNED 4/6/53	
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24a. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL		24b. DATE 4-5-1953		24c. NAME OF CEMETERY OR CREMATORY HIGH PRARIE	
24d. LOCATION (City, town, or county) (State) WEBSTER CO MO		24e. NAME OF CEMETERY OR CREMATORY WEBSTER CO MO		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. 4-9-53		REGISTRAR'S SIGNATURE J. L. Franzen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD	
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(Licensed Embalmer's Statement on Reverse Side)

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

1120
1

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 _____

Rw Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Zion

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.