

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20473**

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. **483350** PRIMARY REG. DIST. NO. **4296** Registrar's No. **14-1953**

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning,		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning		1050
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) Sarah			b. (Middle) F.		c. (Last) Harmon		4. DATE OF DEATH (Month) (Day) (Year) 6 2 53			
5. SEX fe	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 14, 1869		9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME James P. Pipes		13b. MOTHER'S MAIDEN NAME Evelyn Sevier		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl Daniels Browning,		
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **May 27, 1953**, to **June 2, 1953**, that I last saw the deceased alive on **May 31, 1953**, and that death occurred at **6:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J.R. Marts		(Degree or title) MD		23b. ADDRESS Browning, Mo.		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 64-53		24c. NAME OF CEMETERY OR CREMATORY Knifong		24d. LOCATION (City, town, or county) (State) Browning	
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DATE REC'D BY LOCAL REG. June 12, '53		REGISTRAR'S SIGNATURE Eloa Crook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wade Funeral Home Browning, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

Gerald I Wade

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.