

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20654

State File No.

FILED JUN 18 1953

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 4030 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Golden City		c. CITY (If outside corporate limits, write RURAL and give township) Golden City 0060	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) RACHEL c. (Last) HOWARD			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 18, 1859	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 1 Days 19
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 (State or foreign country) La Grange Co. Ind. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Adam Westbay		13b. MOTHER'S MAIDEN NAME Henrietta Smith		14. NAME OF HUSBAND OR WIFE Emanuel Martin Howard	
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 ADDRESS Mrs. Shirley Morin, Golden City, 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) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 7 yrs
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis		
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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 October, 1946 to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE Rudolf Knapp Jr (Degree of title)		23b. ADDRESS Golden City, Mo		23c. DATE SIGNED 6/9/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Junell, 1953		24c. NAME OF CEMETERY OR CREMATORY Howell Cemetery	
24d. LOCATION (City, town, or county) (State) Barton Co. Mo.					

DATE REC'D BY LOCAL REG. June 9-53		REGISTRAR'S SIGNATURE Hazel H. Pugh		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phillips Funeral Home, Golden City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACKINK—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.....

Licensed Embalmer No. *3278*

P. O. Address *Golden City,*

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.