

STANDARD CERTIFICATE OF DEATH

State File No. 23877

BIRTH NO. JUL 31 1953

REG. DIST. NO. 32

PRIMARY REG. DIST. NO. 5115

Registrar's No. 49

1. PLACE OF DEATH a. COUNTY BOLLINGER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY BOLLINGER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WHITEWATER		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		d. STREET ADDRESS (If rural, give location) NEAR SEDGEWICKVILLE			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sedgewickville				4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1953					
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) RUDOLPH		c. (Last) SAMPLE					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH MARCH 1, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 2 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) BOLLINGER CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME ISAAC SAMPLE		13b. MOTHER'S MAIDEN NAME MARY GRINDSTAFF		14. NAME OF HUSBAND OR WIFE OVANDA SAMPLE					
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 Charles N. Sample		ADDRESS Sedgewickville			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia									
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis									
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 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 May 14, 1953 , to July 14, 1953 , that I last saw the deceased alive on July 14, 1953 , and that death occurred at 2 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE Edw. Crites M.D.				23b. ADDRESS Sedgewickville		23c. DATE SIGNED 7/14/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17, 1953		24c. NAME OF CEMETERY OR CREMATORY Patterson Cemetery		24d. LOCATION (City, town, or county) (State) patterson Mo.			
DATE REC'D BY LOCAL REG. 7-23-53		REGISTRAR'S SIGNATURE Willie Van Amburgh		25. FUNERAL DIRECTOR'S SIGNATURE Baber Funeral Home		ADDRESS Lutesville, 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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va

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.