

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29114**

1953 AUG 19 1953

BIRTH NO.		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 5592	Registrar's No. 77
1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, state as before death.) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Joachim		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Nursing Home		d. STREET ADDRESS (If rural, give location) Unknown		
3. NAME OF DECEASED (Type or Print) a. (First) Sarah		b. (Middle) Levi		c. (Last) Richards
4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1953		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 27, 1873
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Indiana
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Lewis Payton		
13b. MOTHER'S MAIDEN NAME Louriana Woodward		14. NAME OF HUSBAND OR WIFE John Richard		
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. None		17. INFORMANT'S SIGNATURE OR NAME Festus, 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, 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 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. None.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 331X
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 6-9 1953 to 8-5 1953 , that I last saw the deceased alive on 8-4 1953 , and that death occurred at 5:10A m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) D. H. D. ... M.D.		23b. ADDRESS Crystal City, Mo		23c. DATE SIGNED 8-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/53		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery
24d. LOCATION (City, town, or county) (State) Salem, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Spencer Funl Home, Salem, Mo.		
DATE REC'D BY LOCAL REG. 8-5-53		REGISTRAR'S SIGNATURE Country Pollette		

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 12 1953

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

James Richard Cady
Licensed Embalmer No. *4309*
P. O. Address *Crystal City, 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.