

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5776
State File No. 29333

No. 300 FILED SEP 9 - 1953
10-48

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>1322</u>		Registrar's No. <u>55</u>			
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp.</u>		c. LENGTH OF STAY (In this place) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Davis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-53</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>3-18-1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done in ordinary life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Cargo</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Depuy</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Watkins Princeton, Mo</u>		ADDRESS			
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) <u>coronary thrombosis</u>				DUE TO (b) <u>cerebral hemorrhage</u>				<u>2 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>fractured hip</u>				<u>5 days</u>	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.								<u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331XF</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Princeton Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 13 53 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor</u>					
22. I hereby certify that I attended the deceased from <u>2-13-53, 19</u> , to <u>8-29-53, 19</u> , that I last saw the deceased alive on <u>8-26-53, 19</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Bernard Z. Ostell D.O.</u>				23b. ADDRESS <u>Princeton Mo.</u>				23c. DATE SIGNED <u>9-4-53</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-31-53</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Coon</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Heel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>		ADDRESS <u>Princeton, Mo</u>			

(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 me

Student Embalmer No. 3

working under my personal supervision.

Student
Student Embalmer

Signed Thos. Wise
Licensed Embalmer No. 3771

P. O. Address Guarard M

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.