

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

STANDARD CERTIFICATE OF DEATH

35032

FILED OCT 27 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone <u>0100</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar <u>0</u>	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Ashland Missouri R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland Missouri R.F.D.			

3. NAME OF DECEASED (Type or Print)	a. (First) Annie	b. (Middle) Elizabeth	c. (Last) Sapp	4. DATE OF DEATH (Month) (Day) (Year) Oct. 21 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 2 1865	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0 Days 18	IF UNDER 24 HRS. Hours Min.
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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) Missouri	12. CITIZEN OF WHAT COUNTRY? U SA
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13a. FATHER'S NAME Robert H Martin	13b. MOTHER'S MAIDEN NAME Elizabeth Harris	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Jessie Crane Ashland Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 20 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis generalizad		
	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	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) 331X
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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?
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22. I hereby certify that I attended the deceased from March, 1953, to 10-20, 1953, that I last saw the deceased alive on 10-20, 1953, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. Hardwick M.D.	23b. ADDRESS Ashland Mo	23c. DATE SIGNED 10-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 22 1953	24c. NAME OF CEMETERY OR CREMATORY New Salem Cent.	24d. LOCATION (City, town, or county) (State) Ashland Missouri
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DATE REC'D BY LOCAL REG. 10-21-53	REGISTRAR'S SIGNATURE Mrs Mildred Burnett	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Burnett	ADDRESS Ashland Mo
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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 W^m L. Burnett

Licensed Embalmer No. 3567

P. O. Address Oakland 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.