

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35558

FILED NOV 4 - 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>5432</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u> c. CITY OR TOWN <u>KIRKWOOD</u>			
b. CITY OR TOWN <u>STANTON</u>		c. LENGTH OF STAY (In this place) <u>11 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>406 FAIRWOOD LANE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MILLERS NURSING HOME</u>							
3. NAME OF DECEASED (Type or Print) <u>LAURANA</u> a. (First) <u>—</u> b. (Middle) <u>—</u> c. (Last) <u>SEDWICK</u>			4. DATE OF DEATH <u>OCT. 25, 1953</u> (Month) (Day) (Year)				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 12, 1872</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		9. AGE (In years last birthday) <u>81</u> 10. UNDER 1 YEAR Months <u>9</u> Days <u>13</u> 11. UNDER 24 Hrs. Hours <u>—</u> Mins. <u>—</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>ANDREW FOX</u>			13b. MOTHER'S MAIDEN NAME <u>CASSANDRIA TENNANT</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Sedwick</u> ADDRESS <u>Kirkwood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>794X</u>				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)		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 <u>July 10, 1953</u> , to <u>Oct 24, 1953</u> , that I last saw the deceased alive on <u>OCT 24, 1953</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard H. Katt</u>				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>10-26-53</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>MOJALA CREMATION</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>10/26/53</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Sullivan</u>		ADDRESS <u>Sullivan, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, Me

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.