

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38732

State File No. ....

FILED DEC 8 1953  
42028  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 8

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gentry</u>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Albany</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>   |  |
| c. LENGTH OF STAY (in this place)  |  | d. STREET ADDRESS (If rural, give location) <u>0380</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |  |

|   |                               |   |   |                                 |  |
|---|-------------------------------|---|---|---------------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print)  |                               |   | 4. DATE OF DEATH  |                                 |  |
| a. (First) <u>Sarah</u>   | b. (Middle) <u>Bernice</u>    | c. (Last) <u>Venable</u>  | (Month) <u>Dec.</u>   | (Day) <u>2</u>                  | (Year) <u>1953</u>                           |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>July 24, 1953</u>                             | 9. AGE (In years last birthday) | IF UNDER 1 YEAR                              |
|   |                               |   | Months <u>4</u>   | Days <u>8</u>                   | IF UNDER 24 HRS. Hours <u></u> Mins. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) <u>Albany, Missouri</u> |                                 | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>    |

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <u>Mathias Wagner Venable</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Lois Johns</u> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

|  |                         |  |                            |
|--|-------------------------|--|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Wagner, Venable</u> | ADDRESS <u>Albany, Mo.</u> |
|--|-------------------------|--|----------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 1/2</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Total Endocarditis</u>  |  |  |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>Premature Birth</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 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) (Min.) | 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 Sept, 1953, to Dec 2, 1953, that I last saw the deceased alive on Dec 1, 1953, and that death occurred at 6:30A.m., from the causes and on the date stated above.

|   |                                      |                                 |
|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>P. L. Green, D.O.</u> | 23b. ADDRESS <u>New Hampton, Mo.</u> | 23c. DATE SIGNED <u>12-3-53</u> |
|---|--------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/3/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u> |
|---|--------------------------|---|---|

|  |   |   |                          |
|--|---|---|--------------------------|
| DATE REC'D BY LOCAL REG. <u>Dec 4 1953</u> | REGISTRAR'S SIGNATURE <u>Manda Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiffon Brink</u> | ADDRESS <u>Albany Mo</u> |
|--|---|---|--------------------------|

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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifford E. Burke

Licensed Embalmer No. 3329

P. O. Address Albany 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.