

FILED JAN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41970**

Registrar's No. **421**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 421	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Oklahoma			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 2 Wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edmond		835-0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim-Smith Hospital				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Duffie c. (Last) Huston			4. DATE OF DEATH (Month) (Day) (Year) Dec 28 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 9, 1866	
9. AGE (In years, last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		11. BIRTHPLACE (State or foreign country) Adair Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Merideth G. Deaton		13b. MOTHER'S MAIDEN NAME Laura Zimmerman		14. NAME OF HUSBAND OR WIFE (D)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Sopha Morgan LaPlata, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) Atherosclerotic disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes				INTERVAL BETWEEN ONSET AND DEATH 1 wk near mo - near yrs years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 446x				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 Dec 14, 1953 to Dec 28, 1953 , that I last saw the deceased alive on Dec 28, 1953 , and that death occurred at 1:38 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George E. Grim MD				23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 12/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Baggerly Funeral Home		24d. LOCATION (City, town, or county) (State) Edmond, Oklahoma	
DATE REC'D BY LOCAL REG. 12-28-53		REGISTRAR'S SIGNATURE Nate Lambert		FUNERAL DIRECTOR'S SIGNATURE Robert B. Harris		ADDRESS Kirksville, Mo.	

WRITE PLAINLY—USING UNFAADING 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.

Signed _____

Robert B. Davis

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4219

P. O. Address _____

Kirkville, 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.