

STANDARD CERTIFICATE OF DEATH

42249

State File No.

FILED JAN 4 1954

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 417

1. PLACE OF DEATH a. COUNTY <i>Calloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Gulton</i>	c. LENGTH OF STAY (In this place) <i>7 yrs 0-6</i>	c. CITY OR TOWN <i>Lancaster</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 1 Gulton Mo</i>		e. STREET ADDRESS (If rural, give location) <i>0980</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>SARAH</i> b. (Middle) <i>GETCHEL</i> c. (Last) <i>GETCHEL</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 28 53</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>OK</i>
9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Schuyler Co Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>american</i>

13a. FATHER'S NAME <i>William Groves</i>	13b. MOTHER'S MAIDEN NAME <i>OK</i>	14. NAME OF HUSBAND OR WIFE <i>widow</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or present) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Records State Hosp 1 Gulton Mo</i>	ADDRESS <i>Mo</i>
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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, ashenia, 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) <i>Chronic myocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio sclerosis</i> 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? <i>4221</i> 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)
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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?
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22. I hereby certify that I attended the deceased from *12-27-53*, 1953, to *12-28, 1953*, that I last saw the deceased alive on *12-28, 1953*, and that death occurred at *6 P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J R Hunter M D RR</i>	23b. ADDRESS <i>Gulton Mo</i>	23c. DATE SIGNED <i>12-28-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec. 30 - 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Webster cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Downing, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Dec. 29-1953</i>	REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wallace General Home</i>	ADDRESS <i>Gulton Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**