

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43801

State File No.

FILED DEC 24 1953

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 1912 Registrar's No. 64

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

1. PLACE OF DEATH a. COUNTY <u>Commissiot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Commissiot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sahler</u>	c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sahler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Virginia Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Virginia Hosp</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u> b. (Middle) <u>Lemons</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-9-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>abt 72</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ulenow Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Mat C Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Arie Townsend</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) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Evans Sahler Mo</u>		

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) <u>Cerebrovascular Hemorrhage with right hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hypertension</u>		
	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>331 X</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 2 Dec, 1953, to 9 Dec, 1953, that I last saw the deceased alive on 9 Dec, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wiloke MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Leawatherville, Mo</u>	23c. DATE SIGNED <u>12 Dec 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Massidonia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Driver Ark</u>
DATE REC'D BY LOCAL REG <u>12-21-53</u>	REGISTRAR'S SIGNATURE <u>S A O'Keefe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman and Co Steel Mo</u>	ADDRESS

12-394-53

PEMISCOT COUNTY HEALTH DEPARTMENT

COURTHOUSE PHONE 79

CARUTHERSVILLE, MO.

DEC 22 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John W. Gorman

Signed.....

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.