

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JAN 7 - 1954

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 303

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| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--near Thomas Hill</u> | |
| c. LENGTH OF STAY (in this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Sarah</u> | b. (Middle) <u>Margaret</u> | c. (Last) <u>Day</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 14, 1953</u> |
|-------------------------------------|-------------------------|-----------------------------|----------------------|--|

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| 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>Nov. 27, 1873</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. 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>home</u> | 11. BIRTHPLACE (State or foreign country) <u>Randolph County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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| 13a. FATHER'S NAME <u>William Harlan</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Elliott</u> | 14. NAME OF HUSBAND OR WIFE <u>Thomas Allen Day</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Skillin</u> | ADDRESS <u>Clifton Hill Mo</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>CARCINOMA OF COLON</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>153X</u> |
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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) (m.) | 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 Dec 12, 1953 to Dec 14, 1953 that I last saw the deceased alive on Dec 14, 1953, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

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|---|----------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>R. Noel Rain D.O.</u> | 23b. ADDRESS <u>Clifton Hill</u> | 23c. DATE SIGNED <u>12-15-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12-16-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>near Grand Center, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>12-16-53</u> | REGISTRAR'S SIGNATURE <u>Leah Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u> | ADDRESS <u>Huntville</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Delivered - returned for signature - returned

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.