

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5444**

State File No. \_\_\_\_\_

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5753 Registrar's No. 11

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Maries</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Rural Boone Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone Twp.</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Meta, Mo. Rt. 2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Edwards</u> c. (Last) <u>Edwards</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 15, 1954.</u>		
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<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>June 10, 1877.</u>		<b>9. AGE</b> (In years last birthday) <u>76</u> Months <u>7</u> Days <u>21</u> Hours <u></u> Mins. <u></u>	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during normal working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Maries County, Missouri.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
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<b>13a. FATHER'S NAME</b> <u>Patrick Doyle</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Harriet Benton</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>William Edwards</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>William Edwards, Meta, Mo. Rt. 2.</u>		<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> 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>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cerebral arteriosclerosis</u>				?	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						?	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>334 X</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from** 10-28-46, 19  , to 2-15-54, 19  , that I last saw the deceased alive on 2-15-54, 19  , and that death occurred at 11:15P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>D. C. Howard, D. O. 2</u>		<b>23b. ADDRESS</b> <u>Vienna, Missouri</u>		<b>23c. DATE SIGNED</b> <u>2-19-54</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>2/18/54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Vienna Cemetery</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Vienna, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-19-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Pauline Howard</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>McB...</u>		<b>ADDRESS</b> <u>Vienna, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

0630

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

1957

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed W. B. Birmingham

Licensed Embalmer No. 3664

P. O. Address Genoa 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.