

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

8339

State File No.

No. 300

10.48

FILED MAR 17 1954

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>31 yrs</u>		0402 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1502 Main</u>		d. STREET ADDRESS (If rural, give location) <u>1502 Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>VALIERA</u> c. (Last) <u>ADMIRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14, 1954</u>		
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>Feb 22, 1873</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u> IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
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>9</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>David Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wann</u>		14. NAME OF HUSBAND OR WIFE <u>J.I. Admire (deceased)</u>	
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 ADDRESS <u>Miss Margaret Admire, Trenton, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Atherosclerosis</u>		DUPLICATE					
ANTECEDENT CAUSES		DUPLICATE					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					
DUPLICATE		DUPLICATE					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>2865</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 JAN 30, 1954, to FEB 14, 1954, that I last saw the deceased alive on FEB 14, 1954, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph M. Quicchio, M.D.</u>		23b. ADDRESS <u>Trenton, Mo</u>		23c. DATE SIGNED <u>FEB 15, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 18, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY, <u>Maple Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton, Grundy, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald N. Slater Trenton, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-17-54</u>		REGISTRAR'S SIGNATURE <u>Luene Rain</u>		115-	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Donald A. Slater

Licensed Embalmer No. _____

4467

P. O. Address _____

Trenton, 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.