

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19637

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757 Registrar's No. 27

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Maries</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Safe, Mo</u>      |  | c. LENGTH OF STAY (in this place)  |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James, Missouri</u> |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>   |  |  |  |

|                                     |                         |                              |                         |  |
|-------------------------------------|-------------------------|------------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Sarah</u> | b. (Middle) <u>Elizabeth</u> | c. (Last) <u>Mizell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1954</u> |
|-------------------------------------|-------------------------|------------------------------|-------------------------|--|

|                 |                               |   |                                      |   |  |   |
|-----------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov 20, 1871</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u> | IF UNDER 24 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>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Phelps Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|---|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>H.C. Kniblett</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah A. Matlock</u> | 14. NAME OF HUSBAND OR WIFE <u>Samuel B. Mizell</u> |
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|  |                                     |  |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Grover Mosher, Safe, Missouri</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Apoplectic Stroke</u>  |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Coronary Heart</u><br><u>Sclerosis</u><br><u>Ch. Intestinal Neoplasia</u> |  |                                  |

|                                  |  |  |
|----------------------------------|--|--|
| 19a. DATE OF OPERATION <u>NU</u> | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|----------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NU</u> | 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) <u>6/13/54</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4201</u> |
|--|--|--|

22. I hereby certify that I attended the deceased from 1937 to 6-13-1954 that I last saw the deceased alive on 6/13, 1954, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>E. A. Scott M.D.</u> | 23b. ADDRESS <u>St. James</u> | 23c. DATE SIGNED <u>6-14-54</u> |
|--|-------------------------------|---------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 15, 54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u> |
|---|------------------------------|--|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>6-23-54</u> | REGISTRAR'S SIGNATURE <u>Pauline Howard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>C. Jesse Gahr, St. James, Mo.</u> |
|---|---|---|

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

0630

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.....

*C. Jesse Gahr*

Licensed Embalmer No. 4486

Signed.....  
Student Embalmer

P. O. Address St. James, Missouri

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.