

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40430

0250

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5297 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, JACKSON TWP. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 MILES N. LAWSON, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>8 MILES N. LAWSON, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>TESTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 7, 1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 2, 1885</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA</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>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>SAMUEL AUGUSTINE</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE ?</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES A. TESTER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES TESTER, RURAL, LAWSON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage colon</u>			<u>1 wk.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Colonic Ulcers & Colostomy</u>			<u>1 year</u>
DUE TO (c)			
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		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) <u>Lawson Clinton Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>Nov. 15, 1953</u> , to <u>Dec 7, 1954</u> , that I last saw the deceased alive on <u>Dec 6, 1954</u> , and that death occurred at <u>7:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Delois E. Buehler M.D.</u>		23b. ADDRESS <u>Lawson Mo.</u>	23c. DATE SIGNED <u>12/7/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAWSON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LAWSON, MO</u>
DATE REC'D BY LOCAL REG. <u>Dec 18-54</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Seearce</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arman Truckard, Lawson, Mo.</u>	

(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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Lucretia Jarman

Licensed Embalmer No. *4589*

P. O. Address *Exelior Springs 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.