

FILED AUG 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26959

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

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

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>145</u>		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits of RURAL and give township) OR TOWN <u>THURSDAY</u> <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>4 mos</u>		c. CITY OR TOWN <u>Berwig</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lafayette Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u># 2 Rural</u> <u>0610</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>Martha</u> c. (Last) <u>Heifer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-53</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>3-20-62</u>		
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13a. FATHER'S NAME <u>Wm Keen</u>			13b. MOTHER'S MAIDEN NAME <u>Hester Robbins</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Homer Heifer Berwig 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>  ANTECEDENT CAUSES <u>arteriosclerotic</u> DUE TO (b) <u>cardiovascular-renal disease</u>  DUE TO (c) <u>442X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>7/31</u> , 19 <u>53</u> , to <u>8/3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/3</u> , 19 <u>53</u> , and that death occurred at <u>11:50</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>James E. Campbell M.D.</u>			(Degree or title)		23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>8/10/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bloomington Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Berwig Mo</u>		
DATE REC'D BY LOCAL REG. <u>8/15/53</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u>		ADDRESS <u>Berwig Mo</u>		

RECEIVED 8.20.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 8.55.131  
Date Filed 8.23.55

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.....  
Signature of Student Embalmer

Signed *J. G. Edwards*.....

Licensed Embalmer No. 196

P. O. Address *Bevier*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.