

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15271

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <i>Stoddard</i>			2. USUAL RESIDENCE (Where deceased lived, by institution; residence before institution): a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bernie, Mo</i>		c. LENGTH OF STAY (In this place) <i>Unknown</i>	c. CITY OR TOWN <i>Bernie</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home in Bernie</i>			e. STREET ADDRESS (If rural, give location) <i>Home in Bernie</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sarah</i> b. (Middle) <i>Isabelle</i> c. (Last) <i>Sills</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 19, 1956</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 20, 1887</i>	9. AGE (In years last birthday) <i>68</i>	if UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>deceased</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lloyd Sills St. Louis, Mo.</i>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>High Blood Pressure</i>				<i>Unknown</i>
	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 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) <i>331X</i>			
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 <i>April 16, 1956</i> to <i>April 19, 1956</i> , that I last saw the deceased alive on <i>Apr. 19, 1956</i> , and that death occurred at <i>5:40 P. M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>F O Kelly D O</i> (Degree or title) _____			23b. ADDRESS <i>Bernie, Mo.</i>		23c. DATE SIGNED <i>4-23-56</i>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-21-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bernie Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Bernie, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>4-26-56</i>	REGISTRAR'S SIGNATURE <i>Delma D. Jenkins</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>R. L. Duffie Bernie, Mo.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

407-0

---

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.....*Raymond L. Duffin*.....

Licensed Embalmer No...479.....

P. O. Address *Berme; 77*.....

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.