

19944

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

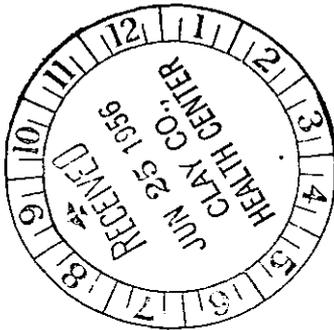
FILED JUL 2 1956

BIRTH NO.		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5882</u> Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fishing River</u>		c. LENGTH OF STAY (in this place) <u>59 Yrs</u>	c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles S. Excelsior Spgs.</u>			STREET ADDRESS (If rural, give location) <u>4 Miles S. Excelsior Spgs Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle)		c. (Last) <u>UNGER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Dec 19 1896</u>		9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Adavide Snow</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Moore</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>499-10-9600</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Eugene Unger- Excelsior Spgs 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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		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) 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 <u>31 May 1956</u> , to <u>31 May 1956</u> , that I last saw the deceased alive on <u>31 May 1956</u> , and that death occurred at <u>1:49</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>George E. Sanders</u>		23b. ADDRESS (Include or title) <u>M.D. Excelsior Springs Missouri</u>		23c. DATE SIGNED <u>6/1/56</u>	
24a. BURIAL, REMOTION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/2/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>		DATE REC'D BY LOCAL REG. <u>6/2/56</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u>		ADDRESS <u>Ex- Springs, Mo.</u>			

(Licensed Embalmer's Statement or Reverse Side)

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

300
48



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..... *James A. Moler*

Licensed Embalmer No... 3299

P. O. Address... Ex-Springs

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.