

FILED JUN 26 1956

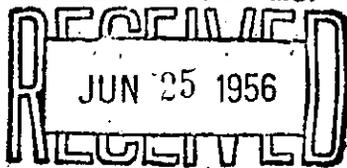
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21174

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5746</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brunot</u>		c. LENGTH OF STAY (in this place) <u>3 yr</u>		c. CITY OR TOWN <u>Brunot</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>Brunot (Rural)</u>				f. STREET ADDRESS (If rural, give location) <u>Rural Beulah (Community)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Anna Mae</u> c. (Last) <u>London</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>May 12 1888</u>		9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Madison Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Pleaman Goff</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Graham</u>		14. NAME OF HUSBAND OR WIFE <u>Jame M. London</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>Nellie Lashley Des Arc, 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>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>Advancing age</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>2 hours</u> <u>many years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
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>Oct 8</u> , 19 <u>55</u> , to <u>May 8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 8</u> , 19 <u>56</u> , and that death occurred at <u>12:50 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert Engelhardt M.D.</u>				23b. ADDRESS <u>Poplar bluff, Mo.</u>		23c. DATE SIGNED <u>6-15-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/14/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beulah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-19-1956</u>		REGISTRAR'S SIGNATURE <u>Alarence Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Godin</u>		ADDRESS <u>Pradmont 220</u>	

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 656-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Codex Funeral Home Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Codex

Licensed Embalmer No. 372

P. O. Address Pedmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.