

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

322775

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

314

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|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Osceola | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General | | | | Length of stay in lb 2 days | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) SARAH OPAL, LAWLER | | | | 4. DATE OF DEATH NOV. 17, 1956 | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH May 6, 1898 | |
| 9. AGE (In years last birthday) 58 | | IF UNDER 1 YEAR Months Days Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (City and state or country) Henry County Missouri | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13. FATHER'S NAME Joseph Bram | | | | 14. MOTHER'S MAIDEN NAME Etta McCurley | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Lavern Sink, Osceola Missouri | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRRHOSIS OF LIVER Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 5810 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 MO. |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from JUNE, 1956 , to 17 NOV. 1956 and last saw her alive on 17 NOV. 1956 Death occurred at 11:15 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Hugh B. Walker, MD | | | | 22b. ADDRESS Clinton, Mo | | 22c. DATE SIGNED 17 NOV. 1956 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11/19/56 | | 23c. NAME OF CEMETERY OR CREMATORY Osceola | | 23d. LOCATION (City, town, or county) (State) Osceola Missouri | |
| 24. FUNERAL DIRECTOR ADDRESS Goodrich Funeral Home Osceola Mo. | | | | 25. DATE RECD. BY LOCAL REG. 11-17-56 | | 26. REGISTRAR'S SIGNATURE Mildred Bigum | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1962

NOV 21 1958

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.B. Bandrich*.....

Licensed Embalmer No. *30*.....

P. O. Address *Orce*.....

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