

Health,
Welfare
Public
Service

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37081

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY <u>St. Francois Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington, Mo.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Farmington, Mo.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>White Way N. Home</u>				Length of stay in lb		d. STREET ADDRESS <u>508 N. Washington</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Jane</u> Last <u>Kibler</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>29</u> Year <u>1957</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 23, 1862</u>		9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Month <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Cape County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Dan Crites</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Statler</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.		17. INFORMANT <u>CE</u> Address <u>Elmer Hahs Sedwickville, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiration Basilaris</u> DUE TO (b) <u>Cerebrovasc. accident</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>20 yrs</u>		
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 <u></u> Month, Day, Year a. m. <u>p. m.</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Farmington</u>		COUNTY <u>St. Francois</u>	STATE <u>Mo.</u>		
21. I attended the deceased from <u>Oct. 22, 1957</u> to <u>Oct. 29, 1957</u> and last saw her alive on <u>Oct. 29, 1957</u> Death occurred at <u>2:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Wm. P. Butler, M.D.</u> (Degree or title)				22b. ADDRESS <u>Farmington, Mo.</u>		22c. DATE SIGNED <u>10-29-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 30, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sargent Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Near Sedwickville Mo.</u>				
24. FUNERAL DIRECTOR <u>C.H. Cozean Farmington, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct. 29 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>				

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....

Licensed Embalmer No. 408

P. O. Address Farmington

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.