

Health,  
Welfare  
Public  
Service

0900  
300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1958

STATE FILE NUMBER 2449

Registration District No. 300 Primary Registration District No. 4449 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Reynolds				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ellington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Clyde Browley			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sarah Elizabeth Ssematter				4. DATE OF DEATH Month 9 Day Year 1-16-58				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 24 1889		9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months 7 Days 15 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		11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Elnor Bats				14. MOTHER'S MAIDEN NAME Adeline Said				
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.		17. INFORMANT Address Adolph Ssematter				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aneurysm							INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Senility & Cardiovascular		DUE TO (c) Arteriosclerosis		8 yrs.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) 4221						
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 1950 to JAN 9 1958 and last saw her alive on Some Death occurred at 5:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Kenneth T Carter MD				22b. ADDRESS Ellington, Mo		22c. DATE SIGNED 1/16/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-11-58	23c. NAME OF CEMETERY OR CREMATORY Ellington Memorial		23d. LOCATION (City, town, or county) Ellington Mo		(State)	
24. FUNERAL DIRECTOR Chas S. Smith		ADDRESS Ellington Mo		25. DATE RECD. BY LOCAL REG. 1-11-58		26. REGISTRAR'S SIGNATURE Bessie Evans		

(Licensed Embalmer's Statement on Reverse Side)

No. 158-1  
pids County Health Center  
ved 1-14-58

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *Chas. S. Pruitt*.....

Licensed Embalmer No. 45..

P. O. Address *Ellington, Tenn.*

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.