

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-024766

State File No. _____

Registrar's No. 461

Dr. Edison
 Malden Mo.

FILED AUG 1 1958

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 4056

Dr. Ed
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1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Quilin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Quilin</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Quilin Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Sarah Jane</u> b. (Middle) <u>Heathcock</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-1958</u>	
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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>1-13-1870</u>	9. AGE (In years last birthday) <u>88</u> if under 1 year: Months _____ Days _____ if under 1 mo: Hours _____ Mins _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or give if retired) <u>Home maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sanford Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Sanford</u>	13b. MOTHER'S MAIDEN NAME <u>D. Know</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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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'S SIGNATURE OR NAME <u>Mrs. Viva Martin</u>	ADDRESS <u>Quilin Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>H.A.S.A.</u> DUE TO (c) <u>Extreme malnutrition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>443X</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 11-14, 1955, to 7-2, 1958, that I last saw the deceased alive on 5-27, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edison M.D.</u>	23b. ADDRESS <u>Malden Missouri</u>	23c. DATE SIGNED <u>7-18-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-4-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/26/58</u>	REGISTRAR'S SIGNATURE <u>R. H. Bennett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cobb Funeral Home</u>	ADDRESS <u>Blytheville Ark.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Jas. B. Alton

Licensed Embalmer No. 3100

P. O. Address Blytheville

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 this body is not embalmed, fact should be so stated above.