

# PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 22 1959

'59 0 4 4 7 4 6

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. \_\_\_\_\_ Registrar's No. 34

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Maries</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural So. Miller</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> c. CITY OR TOWN <u>Rural So. Miller</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Sarah</u> Middle <u>Ellen</u> Last <u>Healey</u>			<b>4. DATE OF DEATH</b> Month <u>12</u> Day <u>11</u> Year <u>1959</u>						
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>6/11/1871</u>	<b>9. AGE (last birthday)</b> <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housework</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Maries County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>			
<b>13a. FATHER'S NAME</b> <u>William Berry</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Beditha Hawkins</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>James Healey (Deceased)</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> Address <u>Mrs. Eric Clark, Dixon, Missouri Rt. #3</u>					
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart disease</u> DUE TO (b) <u>Hypertension (arteriosclerotic)</u> DUE TO (c) <u>Senility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)						
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <u>1957</u> to <u>Nov. 1959</u> and last saw <sup>her</sup> <sub>him</sub> <u>live on</u> <u>October 27 '59</u> Death occurred at <u>5:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> (Degree or title) <u>J. W. Milligan, D.O., D.O.</u>				<b>22b. ADDRESS</b> <u>Dixon, Missouri</u>			<b>22c. DATE SIGNED</b> <u>12-12-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>12/14/1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Wheeler Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Maries County, Missouri</u>				
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-16-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Myrtle Hutchison</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Maurice E. Schisbourn

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.