

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8170

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>321 Penn Ave</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Sarah</i> b. (Middle) <i>Elizabeth</i> c. (Last) <i>Harman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 16-1949</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH <i>9-9-1875</i>		9. AGE (In years last birthday) <i>73</i>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Clinton Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>					

13a. FATHER'S NAME <i>William A Foote</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Woods</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Elizabeth Harman</i>	
				ADDRESS <i>Clinton Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>lobar pneumonia</i>		II. OTHER SIGNIFICANT CONDITIONS <i>(hypostatic)</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>due to (b) calcareous of urethra</i>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>490X</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Nov 2*, 1948, to *Mar 16*, 1949, that I last saw the deceased alive on *Mar 16*, 1949, and that death occurred at *1:12 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Gus W. ...</i>		23b. ADDRESS <i>DO 2 105 E Ohio Clinton Mo</i>		23c. DATE SIGNED <i>3/16/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-17-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Englewood cem</i>	
24d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Florence Adair</i>		ADDRESS <i>420 ...</i>	
DATE REC'D BY LOCAL REG. <i>3-16-49</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lipman & ...</i>		ADDRESS <i>Clinton Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10.48
12
1
2

RECEIVED

District Health Officer No.

District File Number 24926

Date Filed 3-21-41

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. 3682

working under my personal supervision.

Student Robert P. Dunning
Student Embalmer

Signed J. H. Halsey

Licensed Embalmer No. 3682

P. O. Address Calhoun, Mo.

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.