

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File **83667**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **223**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Deepwater,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>Frances</b> c. (Last) <b>Howard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 6 - 49</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 20 - 1876</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>16</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Oseola Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Wm. Dunlap</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Taylor</b>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Celia Wheaton Eldorado, Kans.</b>		ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Bacterial Endocarditis</b> DUE TO (c) <b>Lobar Pneumonia / wh</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>4:30</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **10-5**, 19**49**, to **10-6**, 19**49**, that I last saw the deceased alive on **10-5**, 19**49**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R J Powell Do</b>		23b. ADDRESS <b>Clinton Mo.</b>		23c. DATE SIGNED <b>10/6/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 7-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Deepwater Cem. Deepwater, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
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DATE RECD BY LOCAL REG. <b>Oct 7-49</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom Nurst</b>		ADDRESS <b>Deepwater Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1227

Date Filed 10-17-49

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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.

Signed..... *Tom Hunt* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2782

P. O. Address *Dequeter Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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