

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13940**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **119**

472

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

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry					
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Clinton		d. STREET ADDRESS (If rural, give location) 106 North third			
d. FULL NAME OF HOSPITAL OR INSTITUTION 106 North Third				d. STREET ADDRESS (If rural, give location) 106 North third					
3. NAME OF DECEASED (Type or Print) a. (First) SARAH			b. (Middle) Elizabeth		c. (Last) EBERTING		4. DATE OF DEATH (Month) (Day) (Year) May I 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 15 1873		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 80 3 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY housewife			11. BIRTHPLACE (City and State or Foreign Country) Clinton Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W M McCurley			13b. MOTHER'S MAIDEN NAME Sarah E Putnam			14. NAME OF HUSBAND OR WIFE Deceased			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Eberting Clinton MO.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 mo. 3 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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) (Min.)		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 1953 , to 1 May, 1953 , that I last saw the deceased alive on 28 April, 1953 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Hugh B Walker, MD				23b. ADDRESS Clinton, MO				23c. DATE SIGNED 2 May 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 3 1953		24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton Mo.			
DATE REC'D BY LOCAL REG. May-2-53		REGISTRAR'S SIGNATURE Florence Adair		472		25. FRED WILKINSON FUNERAL HOME			

1.5 embalmed 10

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 Hubert Wilkerson

Licensed Embalmer No. 2476

P. O. Address Clinton

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.