

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001340

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 15

AMENDED

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>315 S. Orchard-home</u>		c. CITY OR TOWN <u>Clinton Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>315 S ORCHARD</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>SARAH KING BRUBAKER</u>	4. DATE OF DEATH Month Day Year <u>JAN 14, 1962</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB 5 1869</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
-------------------------	----------------------------------	---	---------------------------------------	-------------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Horreston, Genkey County</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>William King</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sneed</u>	14. NAME OF HUSBAND OR WIFE <u>John C. Brubaker</u>
---	--	--

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. <u>none</u>	17. INFORMANT Address <u>Earl Dady 315 S Orchard Clinton</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Lobar pneumonia</u>	<u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis</u>	<u>year</u>
	DUE TO (c) <u>Senility</u>	<u>-</u>

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
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	--	------------------------------	--------	-------

21. I attended the deceased from <u>4-7-61</u> to <u>1-14-62</u> and last saw her alive on <u>1-14-62</u> Death occurred at <u>3:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>R. J. Powell</u> (Degree or title) <u>DO</u>	22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>1-14-62</u>
---	-------------------------------------	------------------------------------

23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>1-17-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	23d. LOCATION (city, town, or county) <u>Clinton</u>	23e. STATE <u>Mo</u>
--	-----------------------------	--	---	-------------------------

24. FUNERAL DIRECTOR <u>F. L. Schaberg</u>	ADDRESS <u>214 S 2nd St</u>	25. DATE RECD. BY LOCAL REG. <u>JAN. 17-1962</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
---	--------------------------------	---	---

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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

A. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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