

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6894

State File No. ....

FILED FEB 25 1953

No. 300  
10-48

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Richwoods</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Missouri Richwoods</u>		d. STREET ADDRESS (If rural, give location) <u>0069</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>SARAH</u>		b. (Middle) <u>Elizabeth</u>	
		c. (Last) <u>WALL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 4, 1867</u>
9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months Days	
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 Foreign Country) <u>Missouri (A)</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>JAMES C. BORN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KATHERINE UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>George Amos WALL</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'S SIGNATURE OR NAME <u>George WALL</u>		ADDRESS <u>Iberia, Mo.</u>	
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> , to <u>Feb. 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb. 6</u> , 19 <u>53</u> , and that death occurred at <u>3:10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. A. Gould</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Iberia Mo.</u>	
23c. DATE SIGNED <u>2/10/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 10, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Madden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb-10-1953</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins</u> 195	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedge</u>		ADDRESS <u>Iberia, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

660

MISSOURI  
FEB 2 1938  
MILLER  
DEPARTMENT

**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 Walter J. Hedges

Licensed Embalmer No. 4265

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.