

1809

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 10 1955

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>5795</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Monteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Pilot Grove</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0680 rural Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi. S.W. of California Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi. S.W. of California Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>7 mi. S.W. of California Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		a. (First)		b. (Middle) <u>ANN</u>		c. (Last) <u>KENT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1955</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, 1871</u>		9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>10</u> DAYS <u>28</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Staffordshire, England</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Rushton</u>		13b. MOTHER'S MAIDEN NAME <u>Eliaketh Rushton</u>		14. NAME OF HUSBAND OR WIFE <u>Joe Kent</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bryce McMillan</u>		ADDRESS <u>California Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, left hip 11-23-54</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 XF</u>				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) <u>Pilot Grove Monteau MO</u>			
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?			
22. I hereby certify that I attended the deceased from <u>12-3 1954</u> to <u>1-20 1955</u> that I last saw the deceased alive on <u>1-20 1955</u> , and that death occurred at <u>12 noon</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Fisher M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>2-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>Feb. 4, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Community Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi. S.W. of California Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-5-1955</u>		REGISTRAR'S SIGNATURE <u>Helen L. Papeyoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

15 02 332

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 _____

A. E. Wilson

Licensed Embalmer No. *2351*

P. O. Address *California, 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.