

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047293

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 336 Primary Registration District No. 612 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Birch Tree <u>1010</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Darow Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route 4
3. NAME OF DECEASED (Type or print) First SARAH Middle JANE Last RADER			4. DATE OF DEATH Month Dec. Day 26 , Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 17, 1871
9a. AGE (In years at birthday) 87		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Round Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Christopher Honeycutt	
13b. MOTHER'S MAIDEN NAME Jemima Hughes		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. none	17. INFORMANT Mrs. Henry Darow , Address Birch Tree, Mo.
18. CAUSE OF DEATH (Not only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis DUE TO (b) Cerebro Vascula Accident DUE TO (c) arteriosclerotic Vascula disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH
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 11:20 a.m. p. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <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 12-1-58 , to 12-26-58 and last saw her alive on 12-26-58 Death occurred at 11:20 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Henry M. Montell D.O.		22b. ADDRESS Box 38 Emmons Mo	22c. DATE SIGNED 1-9-59
23a. BURIAL, CREATION, REMOVAL (Specify) burial	23b. DATE 12/29/58	23c. NAME OF CEMETERY OR CREMATORY Rader Cemetery	23d. LOCATION (City, town, or county) (State) Deleware, Mo.
24. FUNERAL DIRECTOR Duncan Funeral Home ADDRESS Mtn View Mo.		25. DATE RECD. BY LOCAL REG. 1-19-59	26. REGISTRAR'S SIGNATURE Thomas C Durdon

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard A. Volcan*

Licensed Embalmer No. *5029*
P. O. Address *Mt. View, Pa.*

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.