

No. 300
V. 10.48

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1496
State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RRI Independence, Mo. Rural Blue	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) RRI Independence, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) Oma b. (Middle) G c. (Last) Sandridge			4. DATE OF DEATH (Month) (Day) (Year) Jan/24/49			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/4/1885	9. AGE (If years last birthday) 63	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours Min. 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Lexington, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Austin Sandridge	13b. MOTHER'S MAIDEN NAME ---- Carson	14. NAME OF HUSBAND OR WIFE Eva Sandridge
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. 496-24-0735	17. INFORMANT'S SIGNATURE OR NAME Eva Sandridge, E RRI Independence Mo	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 weeks year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident Cardiac decompensation (Edema)		
	DUE TO (c) Hypertension, Arteriosclerosis, infection of the lung Pneumonia, Chronic nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 23	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) W (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1)
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22. I hereby certify that I attended the deceased from 12/24, 1948, to 1/24, 1949, that I last saw the deceased alive on 1/24, 1949, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. [Signature]	23b. ADDRESS 401 First Natl. Bank Bldg. Independence, Mo.	23c. DATE SIGNED 1/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/27/49	24c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cem.	24d. LOCATION (City, town, or county) (State) Brunswick, Mo
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DATE REC'D BY LOCAL REG. Jan 26 49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE John P. Shell, Kansas City, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1949

FEB 15 1949

1st Natl. Bank Bldg.,

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 *John P. Shick*

Licensed Embalmer No. *36257*

P. O. Address *Kansas City 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.