

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8188

Registrar's No. 66

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5516</u>		Registrar's No. <u>66</u>	
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, write RURAL and give township) OR TOWN <u>Rural - Springfield</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Springfield township</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles South East of Calhoun</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles S E Calhoun Mo</u>				3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>SANDS</u>			
4. DATE OF DEATH <u>March 13 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 3-1868</u>		9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Henry County Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country)		12. COUNTRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>H Thomas Sands</u>		13b. MOTHER'S MAIDEN NAME <u>Mattha E East</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased (Minnie Sands)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Sands - Calhoun Mo.</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</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) (Min.)		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>28 Feb</u> , 19 <u>49</u> , to <u>13 Mar</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>13 Mar</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles Sands</u> (Degree or title)				23b. ADDRESS <u>Calhoun Mo.</u>		23c. DATE SIGNED <u>Mar 13 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-15-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u>		ADDRESS <u>Clinton Mo</u>	

RECEIVED

District Health Officer No. 7

District File Number 2-49-26

Date Filed 3-21-42

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 _____

none

Student Embalmer No. none

working under my personal supervision.

Signed none
Student Embalmer

Signed Francis Lee Schabus

Licensed Embalmer No. 4513

P. O. Address Clinton MD

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.