

FILED JUN 29 1949 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20622

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Huntsville		c. CITY OR TOWN Huntsville	
c. LENGTH OF STAY (in this place) 68 yrs.		d. STREET ADDRESS (If rural, give location) 112 E. Library Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 112 E. Library Street		d. STREET ADDRESS 112 E. Library Street	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Coulson c. (Last) Sandison			4. DATE OF DEATH June 21, 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 23, 1874
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Stanhope, Durham Co.; England
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Matthew Coulson		13b. MOTHER'S MAIDEN NAME Mary Lowes	14. NAME OF HUSBAND OR WIFE C.D. Sandison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME C.D. Sandison; Huntsville, Missouri
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) Chronic Bright's Disease ANTECEDENT CAUSES D.K. = edema DUE TO (b) D.K. DUE TO (c) _____ 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 none	
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 Jan 10, 1939 , to June 21, 1949 , that I last saw the deceased alive on June 21, 1949 , and that death occurred at 9.9 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. Dreyer M.D.		23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 6/23/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-23-1949	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
DATE REC'D BY LOCAL REG. 6-25-49	REGISTRAR'S SIGNATURE Paul W. A. Barnhart	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton ADDRESS Huntsville	

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

RECEIVED

District Health Officer No.

District File Number 6-49-11

Date Filed JUN 28 1949

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.