

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34746**

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5988** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Elm Tmp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Elm Tmp.	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Novinger, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Novinger, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Sidney	b. (Middle) Shanklin	c. (Last) Sanborn	4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH July 4, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Wright Bass	13b. MOTHER'S MAIDEN NAME Elizabeth Hughes	14. NAME OF HUSBAND OR WIFE Edward Sanborn
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Golda Partin Novinger, Mo.

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fall & had interstitial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High blood pressure, fibile		
	DUE TO (c) Senile degeneration also		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Refused medical care			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Refused	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Unionville Putnam Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. May 1949	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from **May 1949**, to **Oct 16, 1949**, that I last saw the deceased alive on **May 1, 1949**, and that death occurred at **3 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE 85 Gashwiler M.D.	(Degree or title)	23b. ADDRESS Novinger Mo.	23c. DATE SIGNED 10/17/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 10-17-49	24c. NAME OF CEMETERY OR CREMATORY Green Grove	24d. LOCATION (City, town, or county) (State) Adair Co. Mo.
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DATE REC'D BY LOCAL REG. 10-27-49	REGISTRAR'S SIGNATURE Marcell Durbin	EMERALD DIRECTOR'S SIGNATURE W. H. Nussel	ADDRESS Unionville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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ADDITIONAL
PERMANENT
INFORMATION
REQUESTED

RECEIVED NOV 2 1908
District Health Officer N
District File Number 11-43
Date Filed NOV 2 1908

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

Murl E. Dusted

Licensed Embalmer No. *3294*

P. O. Address

Amosville, N.H.

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.