

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1950

State File No. 964

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give town) Calhoun		c. CITY (If outside corporate limits, write RURAL and give township) Calhoun	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Hudv b. (Middle) Sherman c. (Last) Sartin			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 4, 1872			9. AGE (In years last birthday) 78		10. MONTHS 5
11. BIRTHPLACE (State or foreign country) Barry County, Missouri			12. CITIZEN OF WHAT COUNTRY USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME John A. Sartin		13b. MOTHER'S MAIDEN NAME Sarah Jane Goodnight		14. NAME OF HUSBAND OR WIFE Lura Bush Sartin	
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'S SIGNATURE OR NAME Mrs. Lura Bush Sartin, Calhoun, 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) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 years
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Aug 2, 1949, to Jan 9, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 2:45 p.m. From the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 1-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-50		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
				24d. LOCATION (City, town, or county) Windsor, Missouri (State)	

DATE REC'D BY LOCAL REG. Jan-11-50		REGISTRAR'S SIGNATURE Florence Adams		422	
		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
		Horton-Jurner		Windsor, Mo.	

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

420
1

RECEIVED

District Health Officer No. 7

District File Number 12-49-199

Date Filed 1-24-50

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thindsor, 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.