

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11038

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 Registrar's No. 2036

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Missouri (Specify)

c. LENGTH OF STAY (In this place) 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Arkansas b. COUNTY Clay

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corning 8038

d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED

a. (First) Martha b. (Middle) Rutha c. (Last) Sandor

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 6, 1928 9. AGE (In years last birthday) 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Palmyra, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Grover Knoll 13b. MOTHER'S MAIDEN NAME Mattie Jackson 14. NAME OF HUSBAND OR WIFE John Sandor

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 ADDRESS John Sandor, Corning, Ark.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis

ANTECEDENT CAUSES DUE TO (b) Herpes Simplex Virus

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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 _____ 20. AUTOPSY? YES NO

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) 0960

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb. 24, 1950, to March 1, 1950, that I last saw the deceased alive on March 1, 1950, and that death occurred at 2:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Norbury M.D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 3/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-2-50 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Corning, Ark.

DATE REC'D BY LOCAL REG. MAR 2 1950 REGISTRAR'S SIGNATURE J. B. Luster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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

MAY 17 1950

MAY 6 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. W. M. Bunkley

Signed.....

Student Embalmer

Licensed Embalmer No. 36503

P. O. Address _____

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.