.S. No. 300
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FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20958

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 45

1. PLACE OF DEATH,
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys Host.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eugene 1760
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): John
c. (Last): Sanning

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 6, 1861
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of Garage
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Taos, Mo. Cole Co.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Sanning
13b. MOTHER'S MAIDEN NAME: Adeline Bruenning
14. NAME OF HUSBAND OR WIFE: Mary T. Sanning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: W. F. Sanning
ADDRESS: Eugene 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 8 Wks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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 February 1950, to June 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M. E. Humphreys M.D.
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 6-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13, 1950
24c. NAME OF CEMETERY OR CREMATORY: Mary's Home
24d. LOCATION (City, town, or county) (State): Eugene, Mo.

DATE REC'D BY LOCAL REG.: June 17, 1950
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright
25. FUNERAL DIRECTOR'S SIGNATURE: Louis D. Phillips
ADDRESS: Eugene

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 19 1950
MILLER COUNTY HEALTH
DEPARTMENT

JUN 20 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Texarkana

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.