

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **266973**

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5524** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston-Rural		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston-Rural	
c. LENGTH OF STAY (In this place) 7 years		d. STREET ADDRESS (If rural, give location) 5 miles N. East	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles N. East		d. STREET ADDRESS (If rural, give location) 5 miles N. East	

3. NAME OF DECEASED (Type or Print)	a. (First) H.W.	b. (Middle) Orrille	c. (Last) SANTHOFF	4. DATE OF DEATH (Month) (Day) (Year) Aug 25-1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 26-1883	9. AGE (In years last birthday) 66 MONTHS 9 DAYS 29	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Crop farmer	11. BIRTHPLACE (State or foreign country) Kenn, Ill	12. CITIZEN OF WHAT COUNTRY U.S.A
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Crop farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Kenn, Ill	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Elbert Santhoff	13b. MOTHER'S MAIDEN NAME Norma - Unknown	14. NAME OF HUSBAND OR WIFE Mollie Martin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or date of service) None	17. INFORMANT'S SIGNATURE OR NAME Eugene H. Santhoff - Big Springs	ADDRESS Big Springs
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion	ANTECEDENT CAUSES		Unknown
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **coop** m., from the causes and on the date stated above.

23a. SIGNATURE J. E. Briggs (Degree or title) 3 Coroner	23b. ADDRESS Wheatland, Mo.	23c. DATE SIGNED 9-150
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 2-50	24c. NAME OF CEMETERY OR CREMATORY Colby	24d. LOCATION (City, town, or county) (State) Colby Kansas
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DATE REC'D BY LOCAL REG. Sept 1-1950	REGISTRAR'S SIGNATURE W. P. Hargiss	25. FUNERAL DIRECTOR'S SIGNATURE Gilbert Hathaway	ADDRESS Wheatland
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(Licensed Embalmer's Statement on Reverse Side)

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

430

No. 300
10-48

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed

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 Chas Gilbert Hathaway

Signed.....
Student Embalmer

Licensed Embalmer No. 42671

P. O. Address Wheatland, Md

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.