

FILED NOV 20 1950

STANDARD CERTIFICATE OF DEATH

Dr. Wakeman
State File No. 36744

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 3000 Registrar's No. 998

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (In this place) 19 Yrs.		d. STREET ADDRESS (If rural, give location) 801 W. 6th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 W. 6th		e. STREET ADDRESS 801 W. 6th	

3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle)		c. (Last) Sands		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1950	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 22, 1868		9. AGE (In years last birthday) 82		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) Retired				10b. KIND OF BUSINESS OR INDUSTRY Contractor				11. BIRTHPLACE (State or foreign country) Lincoln, Missouri				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Ann Sands			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mary Ann Sands				ADDRESS Springfield, Mo.	
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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	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Thrombosis				1 day	
		ANTECEDENT CAUSES		DUE TO (b) Atherosclerosis					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Myocarditis, Chronic					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						422/1	

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) (m.)		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 **Nov 12, 1950**, to **Nov 12, 1950**, that I last saw the deceased alive on **Nov 12, 1950**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Newton Wakeman M.D.		23b. ADDRESS Springfield Mo. 626 Woodruff Rd.		23c. DATE SIGNED 11-13-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/16/50		24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
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DATE REC'D BY LOCAL REG. 11-15-50		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.	
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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 AL Mc Cann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.