

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37971

FILED NOV 24 1950

State File No.

0200

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

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4408</u>		Registrar's No. <u>355</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Smithton, Mo</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Smithton</u>		Smithton	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithton</u>				d. STREET ADDRESS (If rural, give location) <u>Smithton, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>L.</u> c. (Last) <u>Sartain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1950</u>				
5. SEX <u>Female</u>		6. COLOR OF RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>Nov. 22, 1894</u>	
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>11</u>		11. DAYS <u>10</u>		9. AGE (In years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>1st Cole County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Hugh Anderson</u>			13b. MOTHER'S MAIDEN NAME <u>Pannie L. Sartain</u>			14. NAME OF HUSBAND OR WIFE <u>Albert H. Sartain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-16-4950</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert H. Sartain, Smithton, Mo</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>paralysis</u> DUE TO (c) <u>cerebral accident - epilepsy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
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 <input type="checkbox"/> NO <input checked="" 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) <u>Smithton Pettis Mo.</u>			
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 <u>Oct. 20</u> 19 <u>50</u> , to <u>11-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-10</u> , 19 <u>50</u> , and that death occurred at <u>6:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. M. Saunders</u>				23b. ADDRESS <u>Senalia, Mo</u>		23c. DATE SIGNED <u>11/12/50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Canaan, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/17/50</u>		REGISTRAR'S SIGNATURE <u>W. M. Saunders</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Bowler</u>		ADDRESS <u>California, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12/22/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11/22/50

NOV 27 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. 391

Signed Jack Bowlin
Student Embalmer

Signed Earl S. Bowlin

Licensed Embalmer No. 2126

P. O. Address California, etc.

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.