

FILED MAR 29 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10586
2541
State File No. 1003
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Wynne	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) HUSTON b. (Middle) MAX c. (Last) SARTOR		4. DATE OF DEATH (Month) (Day) (Year) 3/18/51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 12/30/19	8. DATE OF BIRTH 3/15/86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R. Co.	11. BIRTHPLACE (State or foreign country) Amy, Miss

13a. FATHER'S NAME Major Sartor	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE Cora Sartor, Wynne, Ark.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Cora Sartor, Wynne, Ark.

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr. lymphatic leukemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Jan '50</i>
ANTECEDENT CAUSES 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.		<i>Pneumonia</i>		<i>2 days</i>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>20 ft. fall</i>	

22. I hereby certify that I attended the deceased from *Nov 1950* to *Mar 18, 1951*, that I last saw the deceased alive on *Mar 17, 1951*, and that death occurred at *4:30 p.m.*, from the causes and on the date stated above.

22a. SIGNATURE <i>Paul S. Hoots</i>	(Degree or title) <i>m.d.</i>	23b. ADDRESS <i>Mo. Pac. Hosp.</i>	23c. DATE SIGNED <i>3/18/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3/19/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Shiloh Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Wynne, Ark.</i>
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DATE REC'D BY LOCAL HEALTH DEPT. <i>Mar 19 1951</i>	REGISTRAR'S SIGNATURE <i>J. L. Santos</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ambruster Mortuary</i>	ADDRESS <i>6633 Clayton Rd.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 4 1957

JUN 12 1957

JUN 27 1957

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.....
Student Embalmer

Signed *[Handwritten Signature]*
Licensed Embalmer No. 1994

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.