

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33410

State File No.

48

FILED OCT 22 1951

BIRTH NO. ... REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No.

5470

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

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville 1470		d. STREET ADDRESS (If rural, give location) 8
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) RAY c. (Last) SANDS			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 12 1949		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 2	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ironton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Victor Sands		13b. MOTHER'S MAIDEN NAME Virginia Williams		14. NAME OF HUSBAND OR WIFE #	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Victor Sands, Graniteville Mo.	
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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) Pneumonia Lobar (aspiration) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Concussions DUE TO (c) Enteritis, Scurvy & Tetany II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
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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) 490X	
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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?	
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22. I hereby certify that I attended the deceased from Oct 12, 1951, to Oct 12, 1951, that I last saw the deceased alive on Oct 12, 1951, and that death occurred at 9:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) [Signature]		23b. ADDRESS Ironton Mo		23c. DATE SIGNED 10-16-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-51	24c. NAME OF CEMETERY OR CREMATORY Graniteville Cem.	24d. LOCATION (City, town, or county) (State) Graniteville Mo.		
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DATE REC'D BY LOCAL REG. Oct. 18, 1951	REGISTRAR'S SIGNATURE Mrs. Aris Jones 128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Ironton Mo.		
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RECEIVED

OCT 20 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 *Ruel White*

Licensed Embalmer No. *3812*

P. O. Address *Imitation*

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.