

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33821
4605
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vineyard Park Hospital		d. STREET ADDRESS (If rural, give location) 2225 Nebraska	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L. c. (Last) Sartin			4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 22, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Retired		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Cedarvale, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Hiram Sartin		13b. MOTHER'S MAIDEN NAME Nancy *****		14. NAME OF HUSBAND OR WIFE Elizabeth	
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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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Sartin		ADDRESS 2225 Nebraska KCK	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sepsis, Myelitis, Cystitis				14 hrs	
		DUE TO (c) Vesicle Paralysis				16 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) Tuber bacillus				10 yrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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)		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 1941, to Oct 27, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 2 a m., from the causes and on the date stated above.

23a. SIGNATURE J. G. Sheldon		23b. ADDRESS 1430 MD 922 Walnut KCK Mo		23c. DATE SIGNED 10-29-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10/29/51		24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 10-29-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Long		ADDRESS KCK	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Sheldon

822082

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

Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N 10th St, KS

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.