

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37035

State File No. ....

FILED DEC 6 1951

BIRTH NO. ....		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>151</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u> <u>0402</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>4</u> OR TOWN <u>TRENON</u> c. LENGTH OF STAY (in this place) <u>6 weeks.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>LOWA</u> b. COUNTY <u>POTAWATOMIE</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>7140</u> OR TOWN <u>MOBILE, Iowa</u> d. STREET ADDRESS (If rural, give location) <u>6</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVE</u> b. (Middle) <u>SANDLIN</u> c. (Last) <u>SANDLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-51</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Oct. 6, 1873</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>BERKEE County</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>ROBERT SANDLIN</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA RENFROW</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M &amp; Elli</u>		ADDRESS <u>Trenton 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u> ANTECEDENT CAUSES Morbidity 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.					INTERVAL BETWEEN ONSET AND 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>490X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>2 Oct</u> , 19 <u>51</u> , to <u>10 Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10 Nov</u> , 19 <u>51</u> , and that death occurred at <u>6:25P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph W. Davis M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton MO</u>		23c. DATE SIGNED <u>13 Nov '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burnett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shreve County, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>11/12/51</u>		REGISTRAR'S SIGNATURE <u>Gene Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackman</u> ADDRESS <u>Trenton MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



**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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed J. Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.