

No. 300  
10. 48

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38519

State File No. 239  
Registrar's No. 239

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4457

1. PLACE OF DEATH a. COUNTY <b>TRIPLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>TRIPLE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NAYLOR.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NAYLOR.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SUSAN EMELINE</b>	b. (Middle) <b>SANDS</b>	c. (Last) <b>SANDS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 30 1951</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 27 1866</b>	9. AGE (In years last birthday) <b>85</b>	10. UNDER 1 YEAR <b>0</b>	11. UNDER 18 HRS. <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>WOBBURN ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>HENDRICKS</b>	13b. MOTHER'S MAIDEN NAME <b>SABRAY ELOM</b>	14. NAME OF HUSBAND OR WIFE <b>RILEY SANDS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Haskell Rodgers, Naylor, Mo</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>  <b>10 years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) <b>Arteriosclerosis</b>		
	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? <b>4201</b> YES <input type="checkbox"/> NO <input 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)
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 Aug, 1950, to Oct 30, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Johnson MD</b>	23b. ADDRESS <b>Doniphan, Mo</b>	23c. DATE SIGNED <b>11/6/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-1-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MARLINCEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>TRIPLE, MO</b>
DATE RECD BY LOCAL REG. <b>11-8-51</b>	REGISTRAR'S SIGNATURE <b>Frank Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. I. H. FUNERAL HOME</b>	ADDRESS <b>NAYLOR, MO</b>

(Licensed Embalmer's Statement on Reverse Side)

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

915  
1

11/27/51

RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 6

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: *Raymond W. Cord*

Licensed Embalmer No. 4079

P. O. Address Hayden, 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.