

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19241**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5005** Registrar's No. **233**

0010

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair 0013	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pettis Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 1-2 mi. SW of Kirkville		d. STREET ADDRESS (If rural, give location) Mo 911 E. Illinois	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Cummins	c. (Last) Sangster	4. DATE OF DEATH (Month) (Day) (Year)
				6 18 52

5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 12, 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Engineer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Adair County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Sangster	13b. MOTHER'S MAIDEN NAME Ann E. Johnson	14. NAME OF HUSBAND OR WIFE Kirkville Baulah B. Sangster Mo
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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. 335-22-506	17. INFORMANT'S SIGNATURE, OR NAME AND ADDRESS Mrs. Baulah Sangster, Kirkville, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Motor Vehicle Exhaust Gas (Carbon Monoxide)		
	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. E9731			

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pettis Adair Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert B. Davis, Coroner 3	23b. ADDRESS Adair Co. Mo.	23c. DATE SIGNED 6-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-25-52	24c. NAME OF CEMETERY OR CREMATORY Bullion Cem.	24d. LOCATION (City, town, or county) (State) Adair Co. Mo.
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DATE REC'D BY LOCAL REG. 6-25-52	REGISTRAR'S SIGNATURE Kate Lambert 6	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert B. Davis Kirkville, Mo.
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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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.