No. 300
10-48

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1116

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 105

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

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hoberg, 0550
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Louise
c. (Last): Sandmeyer

4. DATE OF DEATH (Month) (Day) (Year): Jany 27-1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 29-1867
9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months 3 Days 28 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homework
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Herman Westerfield
13b. MOTHER'S MAIDEN NAME: Paulina Spiekar
14. NAME OF HUSBAND OR WIFE: John Sandmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Brother A P Bartelsmeyer
ADDRESS: Mt Vernon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): Subdural Brain Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio Sclerotic Heart
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331 X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): X m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* Jany 22, 1953, *to* Jany 27, 1953, *that I last saw the deceased alive on* Jany 27, 1953, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Paul Maddox MD
23b. ADDRESS: Professional Bldg
23c. DATE SIGNED: 1/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/29/53
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove
24d. LOCATION (City, town, or county) (State): Near Hoberg Mo

DATE REC'D BY LOCAL REG.: 1-29-53
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Register
25. FUNERAL DIRECTOR'S SIGNATURE: George B Orr
ADDRESS: Mt Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1952

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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.