

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Or Knott
State File No. 17726

FILED JUN 15 1953

550

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Greene</u>	
c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>		d. STREET ADDRESS (If rural, give location) <u>0390</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burger Conroy Rest Home</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>RACHEL</u>		b. (Middle) <u>A</u>		c. (Last) <u>SANFORD</u>		Month <u>June</u>	Day <u>9</u>
Year <u>1953</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 21 - 1867</u>	9. AGE (In years last birthday) <u>85</u>	If UNDER 1 YEAR Months _____	If UNDER 1 YEAR Days _____
If UNDER 1 YEAR Hours _____	If UNDER 1 YEAR Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Anderson</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>H. M. Sanford</u>			
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>John Sanford</u> ADDRESS <u>Springfield - Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>				<u>3 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>151X</u>		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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>28 Nov, 1951</u> , to <u>9 June, 1953</u> , that I last saw the deceased alive on <u>1 June, 1953</u> , and that death occurred at <u>12:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jamett E. Knott, M.D.</u> (Degree or title)			23b. ADDRESS <u>1630 W. Jefferson</u>			23c. DATE SIGNED <u>9 June 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 11 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) <u>Walnut Grove Mo.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>6-11-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erin Daniel</u> ADDRESS <u>Walnut Grove - Mo</u>			

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

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2561 0 1 NMC

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 Wayne James

Licensed Embalmer No. 4702

P. O. Address Ash Grove

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.