

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29659

REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 32

BIRTH SEP 14 1953

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. LENGTH OF STAY (In this place) 82 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clay Street		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
		d. STREET ADDRESS (If rural, give location) Clay Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Jane	c. (Last) Sandison	4. DATE OF DEATH (Month) (Day) (Year) September 6, 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 7, 1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping	10b. KIND OF BUSINESS OR INDUSTRY housekeeping	11. BIRTHPLACE (State or foreign country) Huntsville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Sandison	13b. MOTHER'S MAIDEN NAME Elizabeth Benton	14. NAME OF HUSBAND OR WIFE NONE
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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. none	17. INFORMANT'S SIGNATURE OR NAME Miss Annie Sandison; Huntsville, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 year 10 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Huntsville Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan, 1942, to Sept 4, 1953, that I last saw the deceased alive on Sept 4, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. Dreyer M.D.	(Degree or title)	23b. ADDRESS Huntsville Mo	23c. DATE SIGNED 9/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-8-1953	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
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DATE REC'D BY LOCAL REG. 9-11-53	REGISTRAR'S SIGNATURE Mary H. G. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Tom B. Patton	ADDRESS Huntsville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Tom B. Patton

Signed.....
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.