

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30395**
Registrar's No. **6993**

FILED AUG 20 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Windfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital, St. Louis, Mo.		e. STREET ADDRESS (If rural, give location) 0570	
3. NAME OF DECEASED (Type or Print) a. (First) Michell b. (Middle) _____ c. (Last) Sanning		4. DATE OF DEATH (Month) (Day) (Year) July 14, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH August 19, 1946
9. AGE (In years last birthday) 6		10. UNDER 1 YEAR 10 MONTHS 23 DAYS	11. UNDER 24 HRS. 23 HOURS 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Windfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Theodore Sanning	
13b. MOTHER'S MAIDEN NAME Evelyn Sanning		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Theodore Sanning		ADDRESS Windfield, Mo.	
MEDICAL CERTIFICATION			
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 Fracture of skull, Hemorrhage right side, suffered when struck by truck driven by one Clarence K. Campbell, age 79, about 70 feet south of Cherry Street, Windfield, Mo., around 4:30 p.m.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION July 14, 1953 Cause + manner of cause could not be determined		20. ANESTHESIA? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Verdict	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Windfield Mo 057	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 14 53 5:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 812.0	
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 1000 p.m. , from the causes and on the date stated above. RS			
23a. SIGNATURE (Degree or title) Patrick L Taylor³ Coronar		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7.16.53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Mary's Home	24d. LOCATION (City, town, or county) (State) Miller County, Missouri
DATE REC'D BY LOCAL REG. JUL 16 1953	REGISTRAR'S SIGNATURE J. C. Smith M.B.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo.	

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.....
Signature of Student Embalmer

Signed *H. G. Fenwick*.....

Licensed Embalmer No. *338*.....
P. O. Address *2301 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.