S. No. 300
v. 10-48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34915

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 339

**1. PLACE OF DEATH**
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural--Benton Twp.
c. LENGTH OF STAY (In this place) 1½ das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) On Orek Road to mine, West of it 50 yds.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Adair 0013
c. CITY OR TOWN Kirksville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1015 N. Luther St.,

**3. NAME OF DECEASED** (Type or Print)
a. (First) Elmer b. (Middle) Francis c. (Last) Sanford Sr.

**4. DATE OF DEATH** (Month) (Day) (Year) 10/15/53

**5. SEX** M 0
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married 1
**8. DATE OF BIRTH** Apr. 9, 1917
**9. AGE** (In years last birthday) 36 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Intake on wieghts
**10b. KIND OF BUSINESS OR INDUSTRY** Producers Creamery
**11. BIRTHPLACE** (City and State or Foreign Country) Adair County, Mo 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Byron Sanford
**13b. MOTHER'S MAIDEN NAME** Pearl Gilliland
**14. NAME OF HUSBAND OR WIFE** Helen Wood Sanford

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
**16. SOCIAL SECURITY NO.** 712-12-3797
**17. INFORMANT'S SIGNATURE OR NAME** Helen Sanford, Kirksville, Mo. ADDRESS

**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) Self inflicted gunshot wound in right temple with 22 cal. rifle

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.*

INTERVAL BETWEEN ONSET AND DEATH 4 min

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** E976X
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~** (Specify) Suicide
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Country (2 miles E of Kirks.
**21c. (CITY, TOWN, OR TOWNSHIP)** Benton Twnshp. (COUNTY) Adair (STATE) Co.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) Oct. 15, 1953 4 P m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** shot self. (had gone hunting)

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 4 pm m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) Robert B. Davis, Coroner.
**23b. ADDRESS** Kirksville, Mo. (Adair Co.)
**23c. DATE SIGNED** 10-21-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL
**24b. DATE** 10/18/53
**24c. NAME OF CEMETERY OR CREMATORY** Maple Hills Cemetery
**24d. LOCATION** (City, town, or county) (State) Kirksville, Mo.

**DATE REC'D BY LOCAL REG.** 10-22-53
**REGISTRAR'S SIGNATURE** Kate Lambert 1-0
**25. FUNERAL DIRECTOR'S SIGNATURE** [signature] ADDRESS Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 1953

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.