

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2412**
Registrar's No. **17**

FILED JAN 26 1954
BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

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 OR TOWN Moberly		c. CITY OR TOWN Moberly 0883	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital		d. STREET ADDRESS (If rural, give location) 623 W. Carpenter	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) G c. (Last) Sandison			4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr 18 1873
9. AGE (In years last birthday) 80		10. MONTH 9	11. DAY 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Rtd		10b. KIND OF BUSINESS OR INDUSTRY Retail Clothing	11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME James Sandison	
13b. MOTHER'S MAIDEN NAME Mary Morrison		14. NAME OF HUSBAND OR WIFE Joella	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. 491-07-0231	
17. INFORMANT'S SIGNATURE OR NAME Mrs J. G. Sandison		ADDRESS Moberly, Mo	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	
20. AUTOPSY? 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)		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 11-16 , 19 52 , to 1-18 , 19 54 , that I last saw the deceased alive on 1-18 , 19 54 , and that death occurred at 10:18A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. T. Whitaker D.O. 2		23b. ADDRESS 325 S. 37th St Moberly Mo.	
23c. DATE SIGNED 1-19-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-20-54		24c. NAME OF CEMETERY OR CREMATORY Oakland	
24d. LOCATION (City, town, or county) (State) Moberly, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Charles Lewis Love	
DATE REC'D BY LOCAL REG. 1-20-54		ADDRESS Mahon and Son, Moberly, Mo	

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

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 *Frank V. J. With*

Licensed Embalmer No. *3021*

P. O. Address *Mobile, 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.