No. 300
10-48

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26461

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5159 Registrar's No. 25

0140

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CALDWELL TWP
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D NEWBLOOMFIELD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY Callaway
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R.F.D. New Bloomfield

3. NAME OF DECEASED (Type or Print) a. (First) ANDY b. (Middle) c. (Last) SANFORD
4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 54
5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Sept. 20 /1869
9. AGE (In years last birthday) 84 | 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (City and State or Foreign Country) PALO ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME MADISON SANFORD
13b. MOTHER'S MAIDEN NAME ARMITTA REYNOLDS
14. NAME OF HUSBAND OR WIFE JANE SANFORD
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. No
17. INFORMANT'S SIGNATURE OR NAME Beulah Ferguson New Bloomfield 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) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Not

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 4 hrs
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 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 11:30 am m., from the causes and on the date stated above.*

23a. SIGNATURE Harry A. Stewart Dpty Coroner (Degree or title)
23b. ADDRESS Fulton Mo.
23c. DATE SIGNED Aug 6/54

24a. BURIAL CREMATION REMOVAL (Specify) Burial
24b. DATE Aug 7/54
24c. NAME OF CEMETERY OR CREMATORY Mt Tabor
24d. LOCATION (City, town, or county) (State) Callaway County Mo

DATE REC'D BY LOCAL REG. Aug 16-54
REGISTRAR'S SIGNATURE LeRoy Claypool 39-0
25. FUNERAL DIRECTOR'S SIGNATURE Maupin F. H. ADDRESS Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. I. Passon

Licensed Embalmer No. 2 SS

P. O. Address Hutton

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