

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u> Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City.</u>		3318 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>2221 Charlotte</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>T.</u>	c. (Last) <u>Sandefur</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negros</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-3-11</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Emp. Photographer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Muskogee, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alex Sandefur</u>		13b. MOTHER'S MAIDEN NAME <u>Adina Ferguson</u>	14. NAME OF HUSBAND OR WIFE <u>Ossie Lee Sandefur</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>440123905</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Veterans Administration Hospital Records</u>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, Pulmonary, far advanced active</u> 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 <u>Approx. 5 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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 <sup>VA</sup> <del>he</del> attended the deceased from <u>Feb. 14, 1955</u> , to <u>Feb. 19, 1955</u> , and that death occurred at <u>7:45P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Roy K. Smith</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Veterans Adm. Hospital, Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>2-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery, Leavenworth, Kans.</u>	24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kans.</u>		
DATE REC'D BY LOCAL REG. <u>2/20/55</u>	REGISTRAR'S SIGNATURE <u>Edgar H. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. L. Davis R. C. 0022</u>		

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 *C. E. Davis*

Licensed Embalmer No. 4417

P. O. Address H. C. ...

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.