

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15302

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <i>Howard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Howard</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Fayette Mo.</i>	c. LENGTH OF STAY (In this place) <i>2 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Fayette</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Home</i>		d. STREET ADDRESS (If rural, give location) <i>104 Furn St.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Larry</i> b. (Middle) <i>Robinson</i> c. (Last) <i>Sartain</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 24 - 55</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 13 - 1888</i>	9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Min.) <i>65</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Delemon for Columbia Indiana Newspaper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Newspaper</i>	11. BIRTHPLACE (State or foreign country) <i>Howard County, Mo., U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Franklin Sartain</i>	13b. MOTHER'S MAIDEN NAME <i>Rebecca Procher</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Emma Sartain</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>490-01-1648</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mary Sartain</i>	18. ADDRESS <i>104 Furn St.</i>
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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* (a) <i>Coronary Thromboses</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Chronic Myocarditis</i>		
	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 <i>4201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *5-24, 1955*, to *5-24, 1955*, that I last saw the deceased alive on *5-24, 1955*, and that death occurred at *3 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. Blower</i>	(Degree or title)	23b. ADDRESS <i>Fayette Mo.</i>	23c. DATE SIGNED <i>5-28/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 26 - 55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Boonsboro Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Boonsboro Mo</i>
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DATE REC'D BY LOCAL REG. <i>5/28/55</i>	REGISTRAR'S SIGNATURE <i>Mary L. Shell</i>	431	25. FUNERAL DIRECTOR'S SIGNATURE <i>N. L. Hall</i>	ADDRESS <i>New Franklin Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 6 1955

JUL 28 1955

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 *H. L. I. Sell*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin*

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.