

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21095**

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Bedford		c. CITY OR TOWN Wright City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 1/2 hrs		e. STREET ADDRESS (If rural, give location) 1090,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co Memorial Hosp			

3. NAME OF DECEASED (Type or Print) Myron Douglas Sartin Jr	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 6 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NO	8. DATE OF BIRTH Oct 13 1952	9. AGE (In years, last birthday) 3 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) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Washington Missouri		12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME Myron Douglas Sartin Sr	13b. MOTHER'S MAIDEN NAME Betty Ham	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Myron Douglas Sartin Sr	ADDRESS Wright City Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chloroform poisoning DUE TO (c) Accidental injection Medication		5 hrs. 8940 15
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Home (near)	21c. (CITY, TOWN, OR TOWNSHIP) Wright City (COUNTY) Warren (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. June 6 1956	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Accidental injection Medication

22. I hereby certify that I attended the deceased from **April 5, 1953** to **June 6, 1956**, that I last saw the deceased alive on **June 6, 1956**, and that death occurred at **5:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Wright City Mo	23c. DATE SIGNED June 8 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9 1956	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Union Missouri
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DATE REC'D BY LOCAL REG. June 16 56	REGISTRAR'S SIGNATURE Emma D. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co	ADDRESS Wright City Mo
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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.....
Signature of Student Embalmer

Signed *Julius J. Hilburg*.....
Licensed Embalmer No. *133*.....
P. O. Address *Wright*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.