

STANDARD CERTIFICATE OF DEATH

State File No. **26464**

FILED SEP 14 1956

BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. #180		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) Campbell		c. LENGTH OF STAY (in this place) 60 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Campbell		d. STREET ADDRESS (If rural, give location) 603 Franklin St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 603 Franklin St.							
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle) FRANKLIN		c. (Last) SANFORD		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 9, 1876	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 1 Days 21		IF UNDER 24 HRS. Hours Mins. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jessie Sanford			13b. MOTHER'S MAIDEN NAME Ann Broom			14. NAME OF HUSBAND OR WIFE Florence L. Sanford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard Alexander, LaForge, Missouri			
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) Cardio Renal disease 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 ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 442x YES <input type="checkbox"/> NO <input 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 Aug. 15, 1956 to Sept. 1, 1956 , that I last saw the deceased alive on Aug. 30, 1956 , and that death occurred at 1:45 P.M. from the causes and on the date stated above.							
23a. SIGNATURE Byron L. Franklin (Degree or title)				23b. ADDRESS Campbell, Missouri		23c. DATE SIGNED Sept. 2, 56	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri	
DATE REC'D BY LOCAL REG. 9-4-1956		REGISTRAR'S SIGNATURE Mrs Beulah Campbell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-10-56

COUNTY FILE NUMBER 956-32

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Christina M. Lardess

Signed.....
Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell, W

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.