

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27365

State File No.

FILED AUG 28 1956
BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) 11 DAYS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		STREET ADDRESS (If rural, give location) 320 MOFFET AVE., OLIVIA APTS.	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) c. (Last) SANDFORD			4. DATE OF DEATH (Month) (Day) (Year) AUG. 18, 1956		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH JAN. 4, 1867		9. AGE (In years last birthday) 89		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) SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY TEACHING		11. BIRTHPLACE (City and State or Foreign Country) VERMILLION, ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME DANIEL SANDFORD		13b. MOTHER'S MAIDEN NAME MARTHA HOWARD		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGE SANDFORD, 231 N. JOPLIN ST.	

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) PNEUMONIA, HYPOSTATIC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILITY, SCHIZOPHRENIC, DEMENTIA 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 24 HRS 1 WK.	
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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) m.		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 8-6-56, 19 to 8-18-56, 19, that I last saw the deceased alive on 8-18-56, 19, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Alice H. Wilson (Degree or title)		23b. ADDRESS 1023 Sergeant, Joplin, Mo		23c. DATE SIGNED 8-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-20-56		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	
24d. LOCATION (City, town, or county) WEBB CITY, MISSOURI					
DATE REC'D BY LOCAL REG. 8-20-56		REGISTRAR'S SIGNATURE Dove Merriam		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

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

JASPER
County File
Date Filed
Office
56-8-691
AUG 27 1956

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 *Jack Tucker*
Licensed Embalmer No. 493

P. O. Address *John*

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.