

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37003

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 290

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Salt Spring Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural-Salt Spring Twp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NE of Huntsville</u>			Length of stay in lb <u>abt. 40 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>NE of Huntsville</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>G.</u> Last <u>Sandison</u>				4. DATE OF DEATH Month <u>November</u> Day <u>5</u> Year <u>1957</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 9, 1867</u>		9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>New Castle, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>William Sandison</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Burton Sandison</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Maude Sandison; R#2; Moberly, Missouri</u>			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4221</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>10 yr</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY _____ STATE _____		
21. I attended the deceased from <u>April 10, 1942</u> to <u>Nov 4, 1957</u> and last saw <u>him</u> alive on <u>11/4/57</u> Death occurred at <u>8 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>P. V. Dreyer M.D.</u> (Degree or title)				22b. ADDRESS <u>Huntsville, Mo.</u>		22c. DATE SIGNED <u>11/7/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-8-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>			
24. FUNERAL DIRECTOR <u>Tom B. Patton</u> ADDRESS <u>Huntsville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>11-8-57</u>		26. REGISTRAR'S SIGNATURE <u>Mary H Bentley</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only ribbon tape. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Low B. Patton*

Licensed Embalmer No. *39*

P. O. Address *Hunts*

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.