

Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-01345-1
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 47 Primary Registration District No. 5162 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cleveland Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN East St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 40		Length of stay in lb nil	d. STREET ADDRESS (If outside, give location) 2509 Illinois Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Georgia Middle Last Sands			4. DATE OF DEATH Month Apr. Day 12 Year 1958
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 7, 1911
9. AGE (In years last birthday) 46		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Shuqulak Mississippi
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Rev. John Nicholson	
13b. MOTHER'S MAIDEN NAME Virginia Daniel		14. NAME OF HUSBAND OR WIFE Sands	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Mr. Sands Address 2509 Illinois E. St. Lou
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocuted			INTERVAL BETWEEN ONSET AND DEATH Inst
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) One truck accident struck pole wire fell on	
20c. TIME OF INJURY Hour 9:30 Month 4 Day 12 Year 58 M. P.M.		truck was electrocuted when feet touched ground	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hiway	20f. CITY, TOWN, OR LOCATION Hi. 40 8 west Kingdom	COUNTY 014 STATE Callaway Mo.
21. I attended the deceased from 9:30 P.M. and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Harry A. Plow</i> Coroner		22b. ADDRESS Fulton Missouri	22c. DATE SIGNED 4/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/12/58	23c. NAME OF CEMETERY OR CREMATORY Sunset Garden	23d. LOCATION (City, town, or county) (State) Centerville Illinois
24. FUNERAL DIRECTOR <i>Morgan</i> Fulton Mo		25. DATE RECD. BY LOCAL REG. April-19-1958	26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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

Signed *J. J. Rossion*

Signature of Student Embalmer

Licensed Embalmer No. *2555*

P. O. Address *Fuller*

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.