

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011357
STATE FILE NUMBER
2-3110
Registrar's No.

FILED APR 10 1959

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Normal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Louis, Little Rock Hospitals, Inc.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 704 Apple Street		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Chester Middle Carl Last Sarbaugh			4. DATE OF DEATH Month March Day 26 , Year 1959		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 5, 1899		9. AGE (In years last birthday) 59 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) Store Helper		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Colfax, Illinois,	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Curtis Sarbaugh		13b. MOTHER'S MAIDEN NAME Sadie McClure	
14. NAME OF HUSBAND OR WIFE Elvira		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. # 2		16. SOCIAL SECURITY NO. 345-12-5657	
17. INFORMANT Elvira Sarbaugh, 704 Apple, St. Bloomington, Ill.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATO-RENAL FAILURE DUE TO (b) OPERATION-RESECTION PANCREAS- DUE TO (c) CARCINOMA PANCREAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PROLONGED OBST. OF COMMON DOCT - JAUNDICE		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS - 4 DAYS - 3 MOS	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.) 157x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 March 24, 1959		20g. COUNTY March 26, 1959		20h. STATE March 25, 1959	
21. I attended the deceased from Death occurred at 6:45 AM		21a. SIGNATURE Elvira Sarbaugh - W.D.		21b. ADDRESS 1755 South Grand Ave.	
21c. DATE SIGNED 26 Mar 59		22a. NAME OF CEMETERY OR CREMATORY Wiley Cemetery		22b. LOCATION (City, town, or country) (State) Colfax, Illinois	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-28-59		23c. NAME OF CEMETERY OR CREMATORY Wiley Cemetery	
23d. LOCATION (City, town, or country) (State) Colfax, Illinois		24. FUNERAL DIRECTOR Beck's Funeral Home		24a. ADDRESS Bloomington, Ill.	
24b. DATE RECD. BY LOCAL REG. MAR 27 '59		24c. REGISTRAR'S SIGNATURE Earl Smith, M.D.		24d. DATE SIGNED	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

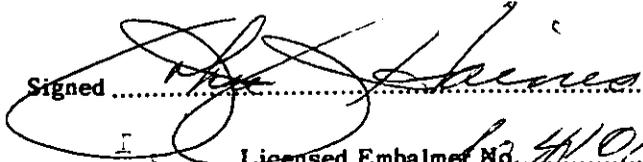
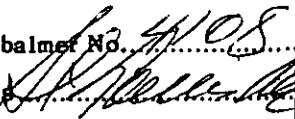
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 34108
P. O. Address 

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.