MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-031869
STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Benton Twp
Length of stay in 1b ✓
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 x 64 Highway Jct
Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Marceline
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.F.D 1
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle M Last SARTAIN
4. DATE OF DEATH Month Sept. Day 19 Year 1959
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec 3, 1940
9. AGE (last birthday) 18
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY P.F.C.
11. BIRTHPLACE (City and state or country) Marceline Mo
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Alva Sartain
13b. MOTHER'S MAIDEN NAME Hazel Johnson
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) present time
16. SOCIAL SECURITY NO.
17. INFORMANT Betty Pope Address Marceline, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal injuries, Lung Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Car accident Junction Hi 64 & 73
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. B. Jones (Degree or title) Coroner
22b. ADDRESS Buffalo Mo
22c. DATE SIGNED 9-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 23, 1959.
23c. NAME OF CEMETERY OR CREMATORY Mt Olivet
23d. LOCATION (City, town, or county) (State) Marceline, Mo.

24. FUNERAL DIRECTOR Colonial Funeral Chapel ADDRESS Lebanon Mo.
25. DATE RECD. BY LOCAL REG. 10/11/59
26. REGISTRAR'S SIGNATURE Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

VS OCT 15 1959

VS OCT 14 1959

OCT 14 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by ____ me ____, Student Embalmer No. ✓

working under my personal supervision.

Student ____ ✓ ____ Signed R. E. Chestham

Signature of Student Embalmer

Licensed Embalmer No. 3813

P. O. Address Buffalo, Or

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.