

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005265

FILED VS FEB 29 1960 042

Registration District No. \_\_\_\_\_ Primary Registration District No. 1 000 Registrar's No. 240

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		Length of stay in 1b <i>2 days</i>		c. CITY OR TOWN <i>Martinsville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <i>General Osteopathic</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Beatrice Mae Sandage</i>				4. DATE OF DEATH Month <i>Feb</i> Day <i>22</i> , Year <i>1960</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar. 22, 1905</i>	9. AGE (last birthday) <i>54</i>	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) <i>House keeper</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>Taberville, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James A. Anderson</i>			13b. MOTHER'S MAIDEN NAME <i>Myrtle Bowman</i>			14. NAME OF HUSBAND OR WIFE <i>Wayne Sandage</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>Unk</i>		17. INFORMANT Address <i>Wayne Sandage, Martinsville, Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer and malignant tumors of uterus, and other female genital organs</i>							INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
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		COUNTY		STATE
21. I attended the deceased from <i>Nov. 21-1960</i> to <i>2/22/60</i> and last saw her/him alive on <i>Feb. 21, 1960</i>				Death occurred at <i>2:05 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>Neva M. Steidley D.O.</i>				22b. ADDRESS <i>706 Francis St., St Joseph, Mo</i>			22c. DATE SIGNED <i>Feb 22, 1960</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>2/24/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Grove Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Eldorado Sprs. Mo</i>			
24. FUNERAL DIRECTOR <i>John A. [Signature]</i>			ADDRESS <i>St. Joseph, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Feb. 26, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark [Signature]</i>	

DOCUMENT

BY AFIDAVIT OF N. M. Steidley, D.O. MEDICAL CERTIFICATION

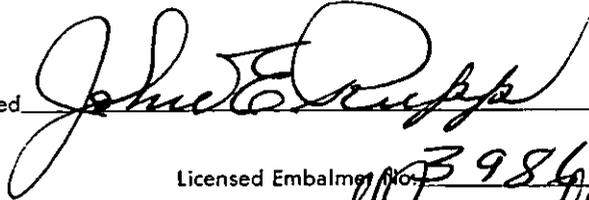
**STATEMENT BY LICENSED EMBALMER**

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

~~only~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 3986

P. O. Address Joseph

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.