

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018468

FILED VS JUN 15 1960

042

1000

633

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <i>Buchanan</i>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Buchanan</i>		
Length of stay in 1b <i>27 years</i>		c. CITY OR TOWN <i>St. Joseph</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>167 Tucker Road</i>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>167 Tucker Road</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year		
First Middle Last <i>Charlotte Margaret Sandlin</i>			<i>June 3, 1960</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 27, 1927</i>	9. AGE (last birthday) <i>33</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>Never worked</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (City and state or country) <i>Wathena, Kansas</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Ralph Sandlin</i>			13b. MOTHER'S MAIDEN NAME <i>Alice Huddleston</i>			14. NAME OF HUSBAND OR WIFE <i>None</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>none</i>		17. INFORMANT <i>Ralph Sandlin</i>		Address <i>167 Tucker Road</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <i>Pneumonia</i>								
DUE TO (b) <i>Inhalation of foreign body</i>								
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input 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.)				
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>1953</i> to <i>1960</i> and last saw her alive on <i>June 4, 1960</i>				Death occurred at <i>5:45 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>Sheron E. Waggoner M.D.</i>			22b. ADDRESS <i>301 Illinois Ave</i>			22c. DATE SIGNED <i>June 4, 1960</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 6, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Joseph, Mo.</i>		
24. FUNERAL DIRECTOR <i>Clark Funeral Home</i>			ADDRESS <i>St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>June 7, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Standell</i>	

DOCUMENT

BY AFFIDAVIT OF S.E. Waggoner, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

091 7 E NRP

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 Emmanuel Clark

Licensed Embalmer No. 4230

P. O. Address St. George

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.