

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038752

FILED NOV 14 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 535 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>1 hr.</u>	c. CITY OR TOWN <u>Webb City,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>512 S. Devon</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Marjorie</u> Middle <u>Lucille</u> Last <u>Sandlin</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>8,</u> Year <u>1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/10/1921</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Buffalo, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert N. Wooten</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Clayton C. Sandlin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-24-4706</u>	17. INFORMANT Address <u>Clayton C. Sandlin, Webb City, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u> </u> DUE TO (c) <u>Diabetes mellitus,</u>	

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	
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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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	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 11-8-60 to 11-8-60 and last saw her/him alive on 11-8-60
Death occurred at 5:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) <u>E. H. Hamilton, M.D.</u>		22b. ADDRESS <u>302 Medical Arts Bldg., Joplin, Missouri</u>		22c. DATE SIGNED <u>11/8/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11/11/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lowell Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Lowell, Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hedge-Lewis Funeral Home, Webb City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-11-1960</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OSD. L. HUN

VS APP 1 1960

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard H. Lee

Licensed Embalmer No. 4405

P. O. Address Webb City

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