ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-022110
STATE FILE NUMBER

Registration District No. 994 Primary Registration District No. 3052 Registrar's No. 213

AMENDED FILED JUL 10 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pettis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia, Mo.
Length of stay in 1b: 11 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bothwell Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cooper
c. CITY OR TOWN: Otterville
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Route #2
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First Edward Middle William Last Sanford

4. DATE OF DEATH: Month July Day 4 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-25-1865

9. AGE (last birthday): 95 years
IF UNDER 1 YEAR: Months 7 Days 10
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stockman

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (City and state or country): Cambridge England-U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Wm Sanford

13b. MOTHER'S MAIDEN NAME: Mary Brown

14. NAME OF ~~HUSBAND~~ OR WIFE: Mary E. Sanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 497-42-5927A

17. INFORMANT: Address: Mrs. Edward Sanford - Otterville Mo R #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic CV Disease.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 7 days

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

MEDICAL CERTIFICATION

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 27 June 1961 to 4 July 1961 and last saw him alive on 3 July 1961
Death occurred at 3:45 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Siegel MD (Degree or title)

22b. ADDRESS: Smithton Mo

22c. DATE SIGNED: 7/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-6-1961

23c. NAME OF CEMETERY OR CREMATORY: Smithton Cemetery

23d. LOCATION (City, town, or county) (State): Smithton - Pettis - Missouri

24. FUNERAL DIRECTOR ADDRESS: Neumeyer Funeral Home - Smithton, Mo.

25. DATE REC'D BY LOCAL REG.: 7-5-1961

26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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 Clifford Stouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

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.