

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026206

AMENDED

Registration District No.

274

Primary Registration District No.

305

Registrar's No.

238

STATE FILE NUMBER

LED AUG 1 1961

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 lb

2 hrs

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

Pettis

c. CITY
OR TOWN

Smithton

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

John

Middle

Francis Sartin

Last

Sartin

4. DATE
OF DEATH

Month

July

Day

21

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-30-1898

9. AGE (last birthday)

62 years

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)

Painter

10b. KIND OF BUSINESS OR INDUSTRY

✓

11. BIRTHPLACE (City and state of country)

Center-Town, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John W. Sartin

13b. MOTHER'S MAIDEN NAME

Rosie Craig

14. NAME OF HUSBAND OR WIFE

Never Married

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.

549-16-7139

17. INFORMANT

Albert Sartin - Smithton, Mo.

18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Circulatory Collapse

6 hrs

DUE TO (c)

Cerebral Vascular Accident

12 hrs

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 ☐ Unknown19. 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
INJURYHour
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

7/21/61

to 7/21/61

and last saw him alive on

7/21/61

Death occurred at

8:25 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D. E. Egan

(Degree or title)

D.D.

22b. ADDRESS

Wooded Bldg, Sedalia, Mo.

22c. DATE SIGNED

7/22/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

7-23-1961

23c. NAME OF CEMETERY OR CREMATORY

Smithton Cemetery

23d. LOCATION (City, town, or county)

Smithton-Pettis - Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Neumeier Funeral Home Smithton, Mo.

25. DATE RECD. BY LOCAL REG.

7-23-1961

26. REGISTRAR'S SIGNATURE

Francis Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1961

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sipton, 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.