

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 57 -61-037899

AMENDED Registration District No. 254 Primary Registration District No. ~~286~~ 5867 Registrar's No. ~~4384~~ 4384 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 14 1961

1. PLACE OF DEATH
 a. COUNTY **OREGON**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **THAYER** Length of stay in lb **81 year**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **OREGON**
 c. CITY OR TOWN **THAYER** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
GEORGE WASHINGTON SANDRIDGE **OCTOBER 28 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-24-1880** 9. AGE (last birthday) **81**
 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) **FARMING** 10b. KIND OF BUSINESS OR INDUSTRY **FARMER** 11. BIRTHPLACE (City and state or country) **OREGON CO., MISSOURI** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **JOHN SANDRIDGE** 13b. MOTHER'S MAIDEN NAME **MARTHA RUSSELL** 14. NAME OF HUSBAND OR WIFE **SARAH E. HACKWORTH**

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. **NONE** 17. INFORMANT **EDITH CALDWELL, THAYER, MISSOURI** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral hemorrhage**
 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.
 Yes No Unknown

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 **1960** to _____ and last saw her/him alive on **10-27-61**
 Death occurred at **5:15 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Arvaldo M.D.** 22b. ADDRESS **Mammoth Spring Ark** 22c. DATE SIGNED **11/3/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **10-29-61** 23c. NAME OF CEMETERY OR CREMATORY **ROSE HILL CEMETERY** 23d. LOCATION (City, town, or county) **THAYER, OREGON CO., MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **CARTER FUNERAL HOME, THAYER, MISSOURI** 25. DATE RECD. BY LOCAL REG. **11-10-61** 26. REGISTRAR'S SIGNATURE **Arthur Wolff**

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 Carter

Licensed Embalmer No. 4516

P. O. Address West Plains

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.