

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007299

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 3

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn		c. CITY OR TOWN Lilbourn	
Length of stay in 1b 45 years		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 nd. Street		d. STREET ADDRESS (If outside, give location) 2nd. Street	
3. NAME OF DECEASED (Type or print) First Sarah Middle Ruby Last Santhuff		4. DATE OF DEATH February 3 1962 Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-31-1894
9. AGE (last birthday) 68		IF UNDER 1 YEAR IF UNDER 24 HR Months 0 Days 2 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Olmstead, Illinois		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME William C. Reinhart		13b. MOTHER'S MAIDEN NAME Mary Bell Smith	
14. NAME OF HUSBAND OR WIFE		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 Eva Bagby-Lilbourn, Mo. 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) Hypostatic pneumonia DUE TO (b) Cerebrovascular accident DUE TO (c) 8 days			INTERVAL BETWEEN ONSET AND DEATH 4 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. <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 10:20 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 1-29-62 to 1-3-62 and last saw her/him alive on 2-3-62 Death occurred at 10:20 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Daniel R. Hensley (Degree or title)		22b. ADDRESS Lilbourn Mo	22c. DATE SIGNED 4/5/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-5-1962	23c. NAME OF CEMETERY OR CREMATORY Malden	23d. LOCATION (City, town, or county) Malden, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 2-5-1962	26. REGISTRAR'S SIGNATURE Charles Simpson by H.L. Ponder

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.