Dr. Clawson

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022683

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1033

FILED JUL 9 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0397
2 0750
3 1
4 0
5 1
6
7 0
8 0
9 157X
10
11
12 4-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b: 6 WKS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. — Inside Limits: 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) ROUTE # 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First GROVER Middle CLEVELAND Last SANDRIDGE

4. DATE OF DEATH Month JULY Day 2 Year 1962

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/1/87
9. AGE (last birthday) 75 — 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) THAYER, MISSOURI
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN SANDRIDGE
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE KATIE B.SANDRIDGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT KATIE SANDRIDGE, Address THAYER, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Operative Death from — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pancreato Duodenal resection
DUE TO (c) for Carcinoma Pancreas (ampulla) ?

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 March 25, 1962 to July 2, 1962 and last saw ~~her~~ him alive on July 1, 1962
Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Clawson, MD. (Degree or title)
22b. ADDRESS Springfield, MO
22c. DATE SIGNED July 2, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7/4/62
23c. NAME OF CEMETERY OR CREMATORY THAYER CEMETERY
23d. LOCATION (City, town, or county) THAYER, MO. (State)

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME
ADDRESS ~~SPRINGFIELD, MO.~~
25. DATE RECD. BY LOCAL REG. 7-5-62
26. REGISTRAR'S SIGNATURE Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 7-3-67

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 Turner T. Sewalley

Licensed Embalmer No. 4815

P. O. Address Springfield, 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.