

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34497**

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **4349** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stover, Missouri.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Stover, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Stover, Missouri.			

3. NAME OF DECEASED (Type or Print) CLAUDIA SANFORD			4. DATE OF DEATH Oct 27 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 22, 1878	9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 1 MIN. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Versailles, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dock Murray	13b. MOTHER'S MAIDEN NAME Jane Lutman	14. NAME OF HUSBAND OR WIFE Wayne Sanford
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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'S SIGNATURE OR NAME Mrs Lavern Dorman ADDRESS Cherryville, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 da.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		1 yr. or there
	ANTECEDENT CAUSES DUE TO (b) Senile Dementia DUE TO (c) Generalized arteriosclerosis indifinite		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4500

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Oct. 27, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruth Kauffman M.D.	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED Oct 29 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery	24d. LOCATION (City, town, or county) (State) Morgan County, Missouri.
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DATE REC'D BY LOCAL REG. Oct 29 1949	REGISTRAR'S SIGNATURE Wm. Rappaport	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stevenson ADDRESS Stover, Mo.
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(Licensed Embalmer's Sealment on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1304

Date Filed 10-31-49

NOV 23 1954

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 _____
Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

• 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 this body is not embalmed, fact should be so stated above.