

S. No. 300
V. 10.48

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12053**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 511

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (In this place) 11 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	d. STREET ADDRESS (If rural, give location) 2710 Mitchell Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Syrena c. (Last) Sanborn			4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 9, 1866	9. AGE (In years last birthday) Months Days 83 10 12	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Memphis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Horace G. Pitkin	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Edwin W. Sanborn
---	---	--

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 ADDRESS Maurice K. Sanborn, St. Joseph, Mo.
---	--	---

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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 12 da.
	ANTECEDENT CAUSES Coronary Thrombosis		12 da.
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	--	---

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
--	--	---------------------------

22. I hereby certify that I attended the deceased from 4/10/50, 19 , to 4/21/50, 19 , that I last saw the deceased alive on 4/21/50, 19 , and that death occurred at 4:20P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS 706 Francis, St. Joseph, Mo.	23c. DATE SIGNED 4/24/50
--------------------------------------	----------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/23/50	24c. NAME OF CEMETERY OR CREMATORY Pottumwa	24d. LOCATION (City, town, or county) (State) Yowa
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. May 2, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS St. Joseph, Mo.
--	---	--	-----------------------------------

Wm. Wm. Cault
P. O. of Beely.

MAY 2 5 1951

MAY 1 0 1950

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.

Signed William Spalding

Signed _____
Student Embalmer

Licensed Embalmer No. 4525

P. O. Address 319 S. 14th St. Joseph, 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 this body is not embalmed, fact should be so stated above.