

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26304

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 5162		Registrar's No. 241	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)			
a. COUNTY CALLAWAY 0140		b. CITY (If outside corporate limits, write RURAL and give township) RURAL FULTON 2		a. STATE MISSOURI		b. COUNTY JACKSON	
c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3008		d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 MILES W. FULTON, MO		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3008		d. STREET ADDRESS (If rural, give location) D. K. _____	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) EARL	b. (Middle) EDWARD	c. (Last) SANDEAS	Month	Day	Year	Male	Female
6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23 1907	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement worker		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Louder		13b. MOTHER'S MAIDEN NAME Nancy Putnam		14. NAME OF HUSBAND OR WIFE Marie Louder			
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. 497-14-7042		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Betty Marie B. 3 Hannibal Mo			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound					
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery veridict accidental					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 014 E 9199 43				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Fulton Twp. Callaway MO			
21d. TIME OF INJURY Aug 28 1951 11:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. Garret			23b. ADDRESS (Degree or title) Coroner Fulton Mo			23c. DATE SIGNED 8/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/31/1951		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton, Mo	
DATE REC'D BY LOCAL REG. Sept. 1-1951		REGISTRAR'S SIGNATURE 426 Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mary Ann _____ Fulton, Mo.			

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

RECEIVED
SEP 4 - 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 Walter J. Heines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Ma.

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.