

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4151**

0130
 4

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

FILED MAR 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>4060</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge</u>		c. LENGTH OF STAY (in this place) <u>48a</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u> <u>0130</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Slick Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>"</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Sandals</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-6-1870</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) <u>Retired Blacksmith</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Davies Co Mo.</u>		11. BIRTHPLACE (State or foreign country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Asher Sandals</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Spielman</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Sandals</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Belton</u> ADDRESS <u>Hamilton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>					<u>5 yrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.— 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) <u>Hamilton Caldwell MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>April 13, 1951</u> , to <u>Feb 21, 1952</u> , that I last saw the deceased alive on <u>Feb 21, 1952</u> , and that death occurred at <u>11:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank R. Daley, M.D.</u> (Degree or title)			23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>2-23-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Winston Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Winston Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-28-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brann Funeral Home</u> ADDRESS <u>Hamilton Mo.</u>			

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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

R. Lester Dean

Licensed Embalmer No.

4472

P. O. Address

Hamilton 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.