

FILED FEB 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5664

5810

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 468

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give town) Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	
c. LENGTH OF STAY (In this place) 15 yrs		05810	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 114 South Kansas	

3. NAME OF DECEASED (Type or Print)	a. (First) Hazel	b. (Middle) Opal	c. (Last) Sartain	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Aug. 20, 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 25	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) Flint, Michigan	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME JOHNSON	13b. MOTHER'S MAIDEN NAME HEFFNER	14. NAME OF HUSBAND OR WIFE Alva Sartain Sr.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alva Sartain, Keokuk, Iowa
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 HOURS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE CEREBRAL HEMORRHAGE		UNKNOWN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION, ESSENTIAL, 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 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 July 1950, to FEB. 15, 1952, that I last saw the deceased alive on FEB. 15, 1952, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul T. Berry M.D.	(Degree or title)	23b. ADDRESS Marceline Mo.	23c. DATE SIGNED 2-16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/18/52	24c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE	24d. LOCATION (City, town, or county) (State) NW OF BUCKLIN, MO.
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DATE REC'D BY LOCAL REG. 2/18/52	REGISTRAR'S SIGNATURE Mary Jane Owens 401	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James M. Langlin Marceline, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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

George W. Darralt

Licensed Embalmer No.

4799

P. O. Address

Marble, 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.