

No. 300
10.48

FILED MAR 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5911

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5873 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton Rural 0757	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alton Rural		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) EDGAR	c. (Last) SAMBORN	4. DATE OF DEATH (Month) Mar. (Day) 3, (Year) 1952
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 3, 1888	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Days 2	11. UNDER 1 HRS. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mancata, Minn.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Grace Brook
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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. 440-05-1013	17. INFORMANT'S SIGNATURE OR NAME Grace Brook	ADDRESS Alton, rural
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	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"/>
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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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lee D. Martin Cairnes</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>3-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE March 5, 1952	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Oregon; Missouri
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DATE REC'D BY LOCAL REG. <u>mar 8-52</u>	REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elmer Carter, St. Joseph, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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OCT 6 1952

6 1952

MAR 1 8 1952

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 *Richard Carter*.....

Licensed Embalmer No. 4516.....

P. O. Address *Thompson*.....

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.