

FILED JUL 28 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24913**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **5606** Registrar's No. **2323**

1. PLACE OF DEATH  
a. COUNTY **Johnson**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Jackson Twnship 1 hr.**  
c. LENGTH OF STAY (In this place) **1 hr.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **U.S. #50 15Miles W. Warrensburg**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Kansas** b. COUNTY **Johnson**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mission**  
d. STREET ADDRESS (If rural, give location) **6043 Fontana**

3. NAME OF DECEASED  
a. (First) **Marilyn** b. (Middle) **Virginia** c. (Last) **Sandbrook**  
4. DATE OF DEATH (Month) **July** (Day) **14** (Year) **1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Dec. 12, 1921** 9. AGE (In years and birthday) **30** IF UNDER 1 YEAR Months **30** Days **30** IF UNDER 24 HRS. Hours **30** Min. **30**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Homemaking** 11. BIRTHPLACE (State or foreign country) **Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Oda S. Miller** 13b. MOTHER'S MAIDEN NAME **Pearl Quinn** 14. NAME OF HUSBAND OR WIFE **Thomas H. Sandbrook**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **494-12-6331** 17. INFORMANT'S SIGNATURE OR NAME **Mr O.C. Miller** ADDRESS **Kansas City, Mo.**

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, asthenia, etc. It means the disease, injury, or complication which caused death.**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Massive head injury**  
ANTECEDENT CAUSES  
MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
DUE TO (b) **received in car**  
DUE TO (c) **accident.**  
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  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **U.S. #50** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Jackson typ. Johnson Missouri**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 14 1952 4 P** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Automobile Acciednt**

22. I hereby certify that I attended the deceased from **View Inquest only**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Kelly Rawlins, Coroner** 23b. ADDRESS **Holden, Missouri** 23c. DATE SIGNED **7-15-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **July 19th. 1952** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Moriah,** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri.**

DATE REC'D BY LOCAL HEALTH DEPT. **7-23-52** REGISTRAR'S SIGNATURE **Mrs. James Redford** 150 FUNERAL DIRECTOR'S SIGNATURE **W. W. Bauninger** ADDRESS **Warrensburg, Mo.**

(Licensee Embalmer's Statement on Reverse Side)

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

051

5106

813

8

40

051

RECEIVED  
JUL 25-1952  
JOHNSON COUNTY HEALTH DEPT.

JAN 9 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed W.A. Brauning

Signed.....  
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.