

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7302**

7402

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington St. Francois</u>		c. LENGTH OF STAY (In this place) <u>47Y; 6M; 24d</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fremont, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle)		c. (Last) <u>Sartin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion Tinker</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hanger</u>		14. NAME OF HUSBAND OR WIFE <u>John Thomas Sartin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sam Tinker, Mt. View, Mo.</u>			
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.		MEDICAL CERTIFICATION & Hospt. Records. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia, terminal</u> Abt. <u>4 das.</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) <u>Bronchogenic carcinoma of the left Lung</u> DUE TO (c) <u>162X</u>					Unknown
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Praecox Psychosis - - At least 52 yrs.</u>					
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>August 17, 1950</u> , to <u>February 1, 1953</u> , that I last saw the deceased alive on <u>Feb. 1, 1953</u> , and that death occurred at <u>2:15P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. Brennan M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>2-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 2, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Site</u>		24d. LOCATION (City, town, or county) (State) <u>Carter County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 2, 1953</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McSpadden Funeral Home, Van Buren</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

MO.

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 Allen C. Hansen

Licensed Embalmer No. 4543

P. O. Address Ven. Buren Ave

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.