

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23779**

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3000** Registrar's No. **243**

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

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1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give town) Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) 0013 OR TOWN Kirkvillerson Street 0	
c. LENGTH OF STAY (in this place) minutes		d. STREET ADDRESS (If rural, give location) 903-E-Patterson	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Corner of Patterson & Franklin.			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) J.	c. (Last) Sangster	4. DATE OF DEATH (Month) (Day) (Year) July 7 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 6, 1890	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Phillips Pet. Jobber. Oil & gas	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Adair County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Sangster	13b. MOTHER'S MAIDEN NAME Ann Johnson	14. NAME OF HUSBAND OR WIFE Erna (Moore) Sangster
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-07-9524	17. INFORMANT'S SIGNATURE OR NAME W. Marvin Sangster, Kirkville, Mo.	18. ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest and lacerations		INTERVAL BETWEEN ONSET AND DEATH minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Had heart seizure while driving car and crashed into brick building. DUE TO (c) (on way to work)		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

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 (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) S-Franklin St.	21c. (CITY, TOWN, OR TOWNSHIP) Kirkville (COUNTY) Adair (STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 7 1953 7:30A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? car crashed into brick building.
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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 **7:35A**, from the causes and on the date stated above.

23a. SIGNATURE Robert B. Davis (Degree or title) Coroner	23b. ADDRESS Kirkville, Adair Co. Mo.	23c. DATE SIGNED 7-8-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-9-53	24c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	24d. LOCATION (City, town, or county) (State) Kirkville, Missouri.
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DATE REC'D BY LOCAL REG. 8-2-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis	ADDRESS Kirkville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.