

21687

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 15 1955

No. 300

10.48

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>87</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Senath</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Dunklin Co. Mem. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0355</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u>			b. (Middle)		c. (Last) <u>Sando</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 55</u>		
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR (OR RACE) <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 29, 1894</u>		9. AGE (In years last birthday) <u>61</u> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agri.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ind.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Sando</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hastings</u>			14. NAME OF HUSBAND OR WIFE <u>Alta Sando</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>			16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alta Sando</u> ADDRESS <u>Senath, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerotic heart disease</u> <u>CORONARY OCCLUSION, MYOCARDIAL INFARCTION</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 mo.</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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) <u>4/200</u>						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"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept 19 50</u> , to <u>June 17, 1955</u> , that I last saw the deceased alive on <u>June 17, 1955</u> , and that death occurred at <u>7A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Sherry Wheeler MD</u>				23b. ADDRESS <u>Senath, Mo</u>			23c. DATE SIGNED <u>7-5-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cude</u>		24d. LOCATION (City, town, or county) (State) <u>3 mi. So. Senath, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-6-55</u>		REGISTRAR'S SIGNATURE <u>Earl Thompson</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Funeral Service, Inc. Senath</u>				

(Licensed Embalmer's Statement on Reverse Side)

Mo

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

RECEIVED DENKIN COUNTY
DEPARTMENT 7-2
COUNTY FILE NUMBER

JUN 10 1958

NOV 18 1953

JUN 10 1958

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.....
Signature of Student Embalmer

Signed.....
E. J. Cannon

Licensed Embalmer No. 480

P. O. Address.....
San Diego

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.