

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32098

State File No.

FILED OCT 26 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	c. LENGTH OF STAY (If in institution) <u>35 days</u>	c. CITY OR TOWN <u>Kirkville</u>	d. Is Residence within limits of a city or incorporated town? Yes # <u>00130</u> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		STREET ADDRESS (If rural, give location) <u>301 S. Baltimore</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Eben</u> c. (Last) <u>Sanford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-21-1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Jack Sanford</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Barker</u>	14. NAME OF HUSBAND OR WIFE <u>May Hill</u>
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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)	16. SOCIAL SECURITY NO. <u>UK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. E. Sanford, Kirkville, Mo.</u>	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 <u>Bilateral Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>490X</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Thrombosis (old)</u>		_____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 10, 1955 to Oct 14, 1955, that I last saw the deceased alive on Oct 14, 1955, and that death occurred on 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Rhoads D.O. Kirkville, Mo</u> (Degree or title)	23b. ADDRESS _____	23c. DATE SIGNED <u>10-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-16-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holliday Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holliday, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-19-55</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>David H. King, Kirkeville Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

JAN 27 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 *Harold P. Wagoner*

Licensed Embalmer No. *42*

P. O. Address *Burkeville*

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.