

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

STATE FIBR NUMBER 33311

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Auxvasse 0140	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		d. STREET ADDRESS RFD Auxvasse	
Length of stay in 1b 3 wks		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Fred Labum Sanford			4. DATE OF DEATH Oct. 12, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 25, 1900	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Vandalia Missouri	
13. FATHER'S NAME Joe Sanford			14. MOTHER'S MAIDEN NAME Lucy Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mrs. Inez Sanford Auxvasse Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial failure due to		INTERVAL BETWEEN ONSET AND DEATH 3 days 1 month Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxicemia from nephritis and		
DUE TO (c) Diabetes mellitus		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
Marked atherosclerosis leading to gangrene of leg 260X

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Operation amputation gangrene by 9 Oct 56
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept 46 to 12 Oct 56 and last saw him alive on 12 Oct 56 Death occurred at 3 AN on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE S. R. Yish m.d. (Deuce or title)	22b. ADDRESS 5 E. Fifth Fulton Mo	22c. DATE SIGNED 12 Oct 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 14, 1956	23c. NAME OF CEMETERY OR CREMATORY Concord	23d. LOCATION (City, town, or county) (State) Callaway County Mo.
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24. FUNERAL DIRECTOR Margaret Funeral Home	25. DATE RECD. BY LOCAL REG. Oct-13-1956	26. REGISTRAR'S SIGNATURE Marjette Lawrence
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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.....
Signature of Student Embalmer

Signed *J. D. Ross*.....
Licensed Embalmer No. *256*.....
P. O. Address *Paulk*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.