MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-033267
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2336

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002
24009 2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b: 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 337 Mueller
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Beaula Middle: B Last: Sandlin
4. DATE OF DEATH Month: 8 Day: 10 Year: 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-2-1898
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): New Madrid County, Mo. USA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Miller
13b. MOTHER'S MAIDEN NAME: Mary Etta Fourtner
14. NAME OF HUSBAND OR WIFE: Ernest Sandlin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Kathleen Bechtold Address: 1444 Belle Grove Place St. Louis 37, Missouri daughter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Abdominal Carcinomatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Adenocarcinoma of Sigmoid Colon
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-1-62, to 8-10-62 and last saw her/him alive on 8-10-62
Death occurred at 9:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J Harris MD (Degree or title)
22b. ADDRESS 601 So. Brentwood Clayton Mo.
22c. DATE SIGNED 8/10/62
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 8-13-62
23c. NAME OF CEMETERY OR CREMATORY: Lightner Cemetery
23d. LOCATION (City, town, or county) (State): Illmo, Scott, Missouri
24. FUNERAL DIRECTOR ADDRESS: Bisplinghoff Funeral Home Illmo Mo.
25. DATE RECD. BY LOCAL REG.: 8-11-62
26. REGISTRAR'S SIGNATURE: John C. Murphy MD.

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1962

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 James L Cleeson

Licensed Embalmer No._____

P. O. Address_____

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.