STANDARD CERTIFICATE OF DEATH  State File No.  REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 5  I. PLACE OF DEATH  a. COUNTY  Cole Co  D. CITY (If outside corpurate limite, write RURAL and give township) TOWN Rural Marion  G. LENGTH OF STAY (by this place) TOWN Rural Marion  G. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR, #1. Centertown, Mo  3. NAME OF AND LEURAL AND CERTIFICATE OF DEATH ADDRESS  MISSOURI  C. CITY (If outside corporate limits, write BURAL and give township) TOWN Rural Marion  G. STATE  Nissouri  C. CITY (If outside corporate limits, write BURAL and give township) TOWN Rural  Marion  G. STATE  Nissouri  C. CITY (If outside corporate limits, write BURAL and give township) TOWN Rural  Marion  G. STREET  (If rural, give location) ADDRESS  REG. DIST. NO. 5306  Registrar's No. 5  Cole  C. CITY (If outside corporate limits, write BURAL and give township) TOWN Rural  Marion  G. STREET  (If rural, give location) ADDRESS  REG. DIST. NO. 5306  Registrar's No. 5  Cole  C. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If outside corporate limits, write BURAL and give township)  G. CITY (If		THE DIVISION OF HEALTH OF MISSOURI								2622
BIRTH NO.   REG. DIST. NO.   D   PRIMARY REC. D   PRIMARY REC. DIST. NO.	. No.300	#U.50 #DD A	F (856	STANDARD CERTIFICATE OF DEATH  State File No					700~	
a. COUNTY COLE CO  b. CITY (If outside corporate limits, write RURAL and give formship) TOWN Rural Marion  d. FULL NAME OF (If not in bospital or institution, give stress address or location) HOSPITAL OR HOSPITAL HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL OR HOSPITAL HOS	. 10.48	FILED APR 2	7 1953	REG. DIST. NO.	80_	PRIMARY REG. DIS	г. но. <u>5'3</u>	06 Registe	ar's No5'	4100 1011 1011 1111 1111 1111 1111 1111
Cole Co    Cole Co		11				2. USUAL RES	DENCE (			residence before
D. CITY (If outside corporate limits, write RURAL and give of the place) OR TOWN RURAL MATION  d. FULL NAME OF (If not in benefital or institution, give street address or location) HOSPITAL OR, HOSPIT	2/20	a. COUNTY Col	e Co			a. SIAIE N	lssour	5. COUN	'Cole	ZUMEZION).
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR # 1. Centertown, Mo  3. NAME OF DECEASED (Type or Print), Anna Laura  6. COLOR OR RACE Wildle)  7. MARRIED, NEVER MARRIED, Wildowed Wildowed Wildowed Wildowed Wildowed  8. DATE of Birth P. AGE (In year) Sex / 6. COLOR OR RACE Wildowed Wild	1/0	b. CITY (If outside corpure	te limite, write RU	RAL and give   C.	LENGTH OF	c. CITY (If outside	corporate limi	n, write RURAL and	give township)	260
Type or Print) Anna Laura Anderson DEATH Apr 18 1953  5. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. WIDOWED. DIVORCED (Specify) DIVORCED (Sity and State or Foreign Country) DIVORCED (S	/ a	town Rural							Marion	<del></del>
Type or Print) Anna Laura Anderson DEATH Apr 18 1953  5. SEX / 6. COLOR OR RACE   7. MARRIED. NEVER MARRIED. WIDOWED. DIVORCED (Specify) DIVORCED (Sity and State or Foreign Country) DIVORCED (S	, COR	HOSPITAL OR INSTITUTION RT	ADDRESS							
Country   Coun	12.	3. NAME OF a. ( DECEASED	First)	b. (Mi	ddie)	c. (Last)		4. DATE ()		(Year)
John F, Sartin    John F, Sartin   Unknown   Decased	E	II •	n <b>a</b>	Laura	L	Anderson	1			253
John F, Sartin    John F, Sartin   Unknown   Decased	Z	5, SEX / 6. COL	OR OR RACE	7. MARRIED, NEVER	MARRIED,	8. DATE OF BIRTH	_	9. AGE (In years)	IF UNDER 1 YEAR	F DEEDER 11 1005. Hours 1 Min.
John F, Sartin    John F, Sartin   Unknown   Decased		Female	White	Widowe	ed 2	Aug 26 18	367	1 85	7 24	
John F, Sartin    John F, Sartin   Unknown   Decased	, K	10a. USUAL OCCUPATION (		10b. KIND OF BUSI		11. BIRTHPLACE	City and Sta	te or Foreign Count	12. CIT	ZEN OF WHAT
John F, Sartin    John F, Sartin   Unknown   Decased	ER	House Wife	e, evan if retired)	Own Home		Missou	r <b>i</b>	$\sim$	/   0.3	S.A.
John F, Sartin Unknown    IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME   ADDRESS   NO.   ADDRESS   NO	Ď.		<u> </u>		*			ME OF HUSBAND		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NO. 17 unknown) (If yee, give war or dates of service) NO. 18. On the second service of the ser	4	1	tin	Ünk	Cnown			Deceased		
(Yes, no. or unknown) (If yes, give war or dates of service) None No. Full anderson Centralization	8				L SECURITY	17. JNFORMAN			ME .	ADDRESS
)	₹	(Yes, no, or unknown)   (If yes,		(acryles)	NO.	F. 1 2	Lear	me Can	tentini	ame
	2	18. CAUSE OF DEATH				ERTIFICATION	2			
Enter only one course per 11. DISEASE OR CONDITION	. ⊭ .	Enter only one cause per	DISEASE OR CO	NDITION	Va P	robust		MALLE	لا"ط همدا	T AND DEATH
line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)	Z	line for (a), (b), and (c)	IKECITA CENDIA	(G 10 DEX 14. (8)		<del></del>	, A G			-um
*This does not mean ANTECEDENT CAUSES	¥	I T'I'dia does not menn			/\$	47111	-20-	losser	$\mathcal{L}$	
the mode of symp, such Morbid conditions, if any, spring	ৰু									
etc. It means the dis- the underlying cause last.	· BE	etc. It means the dis-	a underlying caus	e last.	. <b>2</b> ****	30	منعمنه	$\mathcal{L}$	***	
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS	Ģ	tion which caused death. II.	OTHER SIGNIFI	GNIFICANT CONDITIONS 2 12 Case 14 Case 15 Case						
Conditions contributing to the death but not related to the disease or condition causing death.	e de la companya de l		buditions contribu	ting to the death but no	ot . teath.		•		1	
tion which caused death.  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  NO.	. <u>7</u>	<del></del>					2004.5	1111211	20. AI	JTOPSY1
Z TION YES NOT	2	TION		•	• • • • • • • • • • • • • • • • • • • •		33/X	YES	□ No ☑	
HAY ACCIDENT IN 1215 PLACE OF IN HIDY (1 - IN ACCIDENT TOWN OP TOWNSHIP) (COUNTY) (STATE)		21a ACCIDENT (8mg	effer) 2	Ib. PLACE OF INJURY	(e.g., in or about	21c. (CITY, TOWN, C	OR TOWNSH	iP) (COI	JNTY)	(STATE)
21a. ACCIDENT (Bpecify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE bome, farm, fartory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	Ö	SUICIDE						ali <del>s i</del> gaar alisa	and the second	1.151.55
7 214 TIME (March) (Park) (Vary) [216, INJURY OCCURRED 21f, HOW DID INJURY OCCUR? 6	SIS		New (Vene) (B	(aux)   21e, INJURY	OCCURRED	21f. HOW DID INJU	RY OCCURT	2 1	. (	,
INJURY WHILE AT WORK AT WORK ON A GOLE GOWATY 6 Dron	. Þ	II OF		WHILEAT	NOT WHILE COT	·~ (F)	1 /20	le la ma	utu b	DI AL.
HOURE AT HOUSE LEFT	₽.				3 4 4 -1/	11.33	4700	10 0 0	1	1
22. I hereby certify that I attended the deceased from 4903 to, 19, that I left saw the deceased from the days and on the date sliped above.	·· 🖁	II .					41	,,	//	
dise on, in a tight death of area a in., job a in a in	Ā		, 19				7 S C	s and on the ac		
23a. SIGNATURE (Degree or title) 23b. ADDRESS A MANGUL 23c. DATE SIGNI	II.	23a. SIGNATURE	OP- (F		egree or litte)	235. AUDIESS	الأراه	19 acous	1 1	11 10 1
of Journal of the first of the gallet	· 日		· X7 1/2	June 1	<u>42.</u>	- Jeg		200-6	uyy, s	(State)
TION REMOVAL (Research)	Ĕ	24a. BURIAL, CREMA-	215 DATE	24c, NAME	E OF CEMETER	Y OR EREMATORY		, ,	n, or country	(State)
	Ĭ.	Burial			tertown				Ļ∕Mo	<del></del>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS	I DATE REL D BY LOCAL   REGISTRAR'S STRIKTIONE								ADDRES:	,
april 20 mis. minus Attumustages Southin - Catisonsia			ms. m	une Pet	termy	Sears F.	oul	in-Co	Lyon	140_
(Licensed Embalmer's Statement on Reverse Side)				(License	d Embelmer's ()	statement on Reverse	Side)			250

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						
orking under my personal supervision.	•								
	4	· ~	0.						

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.