					SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	_
DO NOT WRITE ON THIS STUB	AH TN	N DED			C HEALTH AND WELFARE 77 Registration District No. 3016 Registrar's No. 5 604788 4 Primary Registration District No. 3016 Registrar's No. 5 604788 4	
VS 300 Rev. 4/59	1DED				1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of COUNTY Cole a. STATE Missourt County Cole admis	
10269	DATE AMENDED				C FILL NAME OF (If NOT in hospital give location) Inside Limits d STPEFT (If cutting give location) Paside	No □
2026n	DATE			 	HOSPITAL OR	n <u>5</u> <u>2</u>
3	2 =		1	3	(Type or print) Clyde Curtis Sartain Dec 20 1964	Year
4 <i>O</i> 5 <i>D</i>				I	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH Vale White Widowed Divorced 10/10/14 50	
6	FOLLOWS			Ē	Bus Driver School Bus Cole Co U.S.A. 33. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
8 /: I	AS FOLI			15	Volney Sartain Una Katherine Garnett None S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9 X	ARE /		EN1	-(*)	(res, no, oc.unknown) (If yes, give war or dates of service) UnKnown Moody Sartain-Jefferson City. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSETAND	BETWEEN
11026	RECORD AD OF		DOCUMENT		IMMEDIATE CAUSE (a) MEDULIARY PARALYSIS INC. Conditions, if any, DUE TO (b) CEREBRAL CONCUSSION 1/2-	2.6.
/ - V 1	THIS				Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) TRAUMA - CECEBRAL + CHEST 1/2-7	Ve.
	NO ST			CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decessed was fer there a pregnancy in last product of the product of the pregnancy in last product of the part of	male was st 90 days. Unknown
	AMENDMENT				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item P	18.)
RIBBON	AME			MEDICAL	20c. TIME OF Hout Month, Day, Year INJURY 2 a.m. 12-20 H	STATE
<u> </u>					WHILE AT WORK Reselville Road Cole County, Mo.	
	D READ				21. I attended the deceased from 12-20-64 to 12-20-64 and last saw her alive on 12-20-64 Death occurred at	ed.
USE	SHOULD		VIT OF		M Crube Jeffers Cots No. 2.2	/:
	NO.		AFFIDA\	В	3a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION City, town, or county) (Star BURIAL (Specify) 12/28/64 Centertown Mo Centertown Mo 4. FUNERAL DIRECTOR ADDRESS 23. DATE RECD. BY LOCAL REG. 26. PEGISTRAR'S SIGNATURE	e)
	ITEM		BY A		owlin Funeral Home-California, Mo 23 December 1964 Horma B. Wichte	<u> </u>

(Licensed Embalmer's Statement on Reverse Side)

ABATTAA September

STATEMENT BY LICENSED EMBALMER

Student Embalmer No
0 6 0
I. Dowlin
censed Embalmer No. 5/50 O. Address California , Mil

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.