

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0026202

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 197 STATE FILE NUMBER

FILED JUL 18 1967

VS 300
Rev. 4/59

10147
20260

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4 0
5 2
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8 2
9 9049

10 45
11 333
12 93-2
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DATE AMENDED

7-18-67

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Married

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF General Home

ITEM NO. SHOULD READ

7 Widowed

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		Length of stay in 1b 12 Yrs	c. CITY OR TOWN CENTERTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VOLNEY LOUIS SARTAIN			4. DATE OF DEATH Month Day Year JULY 2 1967
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 Sept '79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Same	9. AGE (last birthday) 87 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11a. FATHER'S NAME GEORGE SARTAIN		11b. MOTHER'S MAIDEN NAME Louise Crustinger	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO. UNK	17. INFORMANT PATIENT Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
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. attended the deceased from STATE HOSPITAL #1 2 JUNE 1955 to 2 JULY 1967 and last saw him alive on 2 JULY 1967		Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Paul C. [Signature]</i>		22b. ADDRESS Fulton, Mo	22c. DATE SIGNED 2 July 67
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial	23b. DATE July 5, 1967	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Centertown Mo
24. FUNERAL DIRECTOR Bowlin	ADDRESS California, Mo.	25. DATE RECD. BY LOCAL REG. 7/5/1967	26. REGISTRAR'S SIGNATURE <i>Ann Carroll Cleveland</i>

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 *A. R. Masner*

Licensed Embalmer No. 4996

P. O. Address Fulton Missouri

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.