

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22334

State File No.

FILED JUL 18 1951

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 251

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 20 yr	c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau Mo.		d. STREET ADDRESS (If rural, give location) 1211 So. Ellis
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home			d. STREET ADDRESS (If rural, give location) 1211 So. Ellis		

3. NAME OF DECEASED (Type or Print) Anna Sander			4. DATE OF DEATH (Month) (Day) (Year) July 7 1951		
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	4. DATE OF DEATH (Day)	4. DATE OF DEATH (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 9	IF UNDER 1 HR. Hours 0	IF UNDER 1 HR. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Kelso Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Henry Peetz		13b. MOTHER'S MAIDEN NAME Minnie Meyer		14. NAME OF HUSBAND OR WIFE Wm Sanders Cape Gir	
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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. no		17. INFORMANT'S SIGNATURE OR NAME Mr. Wm Sanders Cape Gir Mo		ADDRESS Cape Gir Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			Coronary thromboses				1 Day	
ANTECEDENT CAUSES			DUE TO (b) arterio sclerosis					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) generalized				10 years	
II. OTHER SIGNIFICANT CONDITIONS			Conjunctive heart failure					
Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 1, 1948, to July 7, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward O Campbell M.D.		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED July 19, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 9 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo
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DATE REC'D BY LOCAL REG. 7-12-1951		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. P. Howell Cape Gir Mo		ADDRESS Cape Gir Mo	
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RECEIVED

JUL 17 1951

DISTRICT HEALTH OFFICE No. 6

No.

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
Student Embalmer

Signed W. H. Estes.....

Licensed Embalmer No. 3568.....

P. O. Address Capitol Hill.....

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