

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24012

State File No.

FILED AUG 12 1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 78

279

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Boonville	
c. LENGTH OF STAY (in this place) 21 Days		d. STREET ADDRESS (If rural, give location) 614 Morgan St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Sanders c. (Last) Ross			4. DATE OF DEATH (Month) (Day) (Year) August 4 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH February 27 1894		9. AGE (in years last birthday) 58		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Boonville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry F. Sanders		13b. MOTHER'S MAIDEN NAME Nellie McGowan		14. NAME OF HUSBAND OR WIFE Leo J. Ross	
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo J. Ross, Boonville, Missouri.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		ANTECEDENT CAUSES			1 year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b) _____		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS		Diabetes nephritis			10 yrs 2 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4 2 2 2			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
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?		

22. I hereby certify that I attended the deceased from Jan, 1949, to Aug 4, 1952, that I last saw the deceased alive on Aug 4, 1952, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Beckett MD (Degree or title)		23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 8-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 7th, 1952		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
				24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 8-6-52		REGISTRAR'S SIGNATURE DeKooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.	

JAN 5 1953

JAN 25 1954

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

J. H. Goodman

Licensed Embalmer No. *1178*

P. O. Address *Boonville, Mo.*

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.