

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33963

State File No.

1030
1
OCT 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6151</u>		Registrar's No. <u>619</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex R. 1</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex Mo. R. 1</u>		<u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EIK TWP</u>				d. STREET ADDRESS (If rural, give location) <u>EIK TWP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) _____ c. (Last) <u>Sanders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1952</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr. 3, 1884</u>	
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u></u>		11. DAYS <u></u>		12. HOURS <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Eddieville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jake Jacobs</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Hollaway</u>			14. NAME OF HUSBAND OR WIFE <u>Tom Sanders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Sanders Essex, Mo. R. 1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Embolism</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>9-6-52</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>Essex, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>9-16-52</u> , 19 <u>52</u> , to <u>9-27-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-26-52</u> , 19 <u>52</u> , and that death occurred at <u>4 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.P. Brundage</u>				23b. ADDRESS <u>Essex, Mo.</u>		23c. DATE SIGNED <u>9-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bernie cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bernie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-3-52</u>		REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser. Dexter, Mo.</u>		ADDRESS	

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

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Septon, 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.