S. No. 200
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41724

BIRTH NO. REG DEC 22 1952 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 384

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gordonville Mo. 0160
d. STREET ADDRESS (If rural, give location): Local

3. NAME OF DECEASED (Type or Print): a. (First) Emelie b. (Middle) Mina c. (Last) Sander
4. DATE OF DEATH (Month) (Day) (Year): Dec 15 1952
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 5 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months 2, Days —; If under 24 hrs.: Hours 10, Min.
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 (City and State or Foreign Country): Gordonville Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Jacob Schwab
13b. MOTHER'S MAIDEN NAME: Emma Siemers
14. NAME OF HUSBAND OR WIFE: Wm. Sander (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Norman H. Sander — ADDRESS: Cape Gir.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis - Gen. Abd. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ca - Right Colon — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *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: None — 153X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1952 *to* 12-15, 1952, *that I last saw the deceased alive on* 12-15, 1952, *and that death occurred at* 7:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank Hall (Degree or title) MD
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 12-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 17 1952
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

DATE REC'D BY LOCAL REG.: 12-16-52
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Joe G. Harrell — ADDRESS: Cape Gir. Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 0 1952

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 Cape Gir 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.