

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

313554

State File No. ....

FILED SEP 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 108

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) OR TOWN Boonville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.

d. STREET ADDRESS (If rural, give location) 923 Main St.

3. NAME OF DECEASED (Type or Print)  
a. (First) Rhoda b. (Middle) Sidebottom c. (Last) Sanberg

4. DATE OF DEATH (Month) (Day) (Year)  
September 15 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 15 1883

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.

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 (City and State or Foreign Country) Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Sidebottom

13b. MOTHER'S MAIDEN NAME Mary Ellen Harrison

14. NAME OF HUSBAND OR WIFE Julius Sandberg.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Sandberg, Los Angeles, Calif.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Glomerular Nephritis.  
ANTECEDENT CAUSES Chronic State  
Morbidity 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  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
Autopsy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 592x

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) (Min.)

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 Sept 8, 1953, to Sept 14, 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Deed or title) M. L. DeGraeger M.D.

23b. ADDRESS Boonville Mo

23c. DATE SIGNED 9/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 17/1953

24c. NAME OF CEMETERY OR CREMATORY Walnut Grove

24d. LOCATION (City, town, or county) (State) Boonville, Missouri.

DATE REC'D BY LOCAL REG. 9/17/53

REGISTRAR'S SIGNATURE [Signature] 381

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.

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 *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.