

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39896

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 6296 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>Rural - Kinder</i>	c. LENGTH OF STAY (In this place) <i>30 yrs.</i>	c. CITY OR TOWN <i>Burfordville Rural</i>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <i>3 miles n.w. Burfordville</i>		e. STREET ADDRESS (If rural, give location) <i>3 miles n.w. Burfordville</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>MARY</i> b. (Middle) <i>ISABELL</i> c. (Last) <i>SANDER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 28, 1955</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb 22, 1880</i>	9. AGE (In years) (last birthday) <i>75</i> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Millersville Mo Route 0</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Amos Stroder</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ann Stroder</i>		14. NAME OF HUSBAND OR WIFE <i>Louis Sander</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Dale Sander Millersville Mo.</i>		

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>Domestic</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Advanced arteriosclerosis</i>		
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <i>4500</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) (Minute)	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 *Sept 1, 1955* to *Dec 28, 1955*, that I last saw the deceased alive on *Oct 10, 1955* and that death occurred at *11:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. L. Redman M.D.</i>	23b. ADDRESS <i>Jackson Mo</i>	23c. DATE SIGNED <i>1-3-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 31, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Furrow Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Millersville Mo. R#1</i>		
DATE REC'D BY LOCAL REG. <i>1-4-56</i>	REGISTRAR'S SIGNATURE <i>C. C. Summers</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Miller Jackson Mo</i>

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.....
Signature of Student Embalmer

Signed *Gene C. Coughlin*.....

Licensed Embalmer No. *432*.....

P. O. Address *Jackson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.