

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED FEB 24 1956

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 57VS Registrar's No. 57

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Macon</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon-Hudson Twp. Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Macon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>			e. STREET ADDRESS (If rural, give location) <u>310 N. Rubey</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Sarah</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Bender</u>	(Month) <u>Jan.</u>	(Day) <u>28</u>	(Year) <u>1956</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 11, 1870</u>		<b>9. AGE</b> (In years last birthday) <u>86</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>White</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>—</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Macon County Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>

<b>13a. FATHER'S NAME</b> <u>Granvil Thompson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Thompson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Dec.</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>-no.</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ray Bender</u>
		<b>ADDRESS</b> <u>Macon, Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>48 hrs.</u>  <u>years</u>  <u>years</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Branchial Pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		
	DUE TO (b) <u>Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>Rheumatism chronic</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> <u>none</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>none</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4222</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from Jan., 1950, to Jan. 28, 1956, that I last saw the deceased alive on 27 Jan., 1956, and that death occurred at 6:00 A. M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Donald E. Eggleston M.D.</u>	<b>23b. ADDRESS</b> <u>Macon, Missouri</u>	<b>23c. DATE SIGNED</b> <u>1. Feb 56</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan. 30, 56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bethlehem Cem.</u>
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Macon County Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>2/7/56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Cuth McNeely</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Lester Sutton</u>
		<b>ADDRESS</b> <u>Macon, Mo.</u>

RECEIVED 2.20.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2.56.22  
Date Filed 2.21.56

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..... *Charles F. Hutto*

Licensed Embalmer No. 457

P. O. Address *Macon*

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.