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FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12212**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY OR TOWN <b>Kirkville</b>		c. CITY OR TOWN <b>Lewistown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Irvin Smith</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>10 hours</b>		STREET ADDRESS (If rural, give location) <b>5 miles north LEWISTOWN</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Debra</b> b. (Middle) <b>ANN</b> c. (Last) <b>Sanders</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 6 1956</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>7/6/33</b>		9. AGE (In years last birthday) <b>22</b>		IF UNDER 1 YEAR Days <b>7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Quincy, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>Robert B. Sanders</b>		13b. MOTHER'S MAIDEN NAME <b>Lela Mae Lewis</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lela Sanders</b>		ADDRESS <b>Lewistown Mo</b>			

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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>lung embolus</b>		DUE TO (b) <b>Dehydration</b>				<b>Instant</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Gastroenteritis, acute</b>				<b>6 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Mangoloid, Aritaminosis, Stomatitis.</b>				<b>14 days.</b>	
19a. DATE OF OPERATION <b>No</b>		19b. MAJOR FINDINGS OF OPERATION <b>No</b>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **Apr 6**, 1956, to **Apr 6**, 1956, that I last saw the deceased alive on **Apr 6**, 1956, and that death occurred at **10:30p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Plimp</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>Apr. 7, 1956</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4/9/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LEWISTOWN</b>	
24d. LOCATION (City, town, or county) (State) <b>LEWISTOWN, MISSOURI</b>		DATE REC'D BY LOCAL REG. <b>4-10-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles C. ...</b>		ADDRESS <b>Lewistown, Mo.</b>			

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

APR 28 1950

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 L. Arnold*  
.....

Licensed Embalmer No...46

P. O. Address LEWISTOWN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.