

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

126260

FILED APR 23 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>16296</u>		Registrar's No. <u>241</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY OR TOWN <u>Rural-Kinder T.W.P. Several</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural-Kinder T.W.P. 0</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi S-W Jackson Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi S-W Jackson Mo</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi S-W Jackson Mo</u>					
3. NAME OF DECEASED a. (First) <u>Mary</u>			b. (Middle) <u>Minnie</u>		c. (Last) <u>Sander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 11 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 20-1873</u>		9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Days <u>2</u> Hours <u>21</u> IF UNDER 10 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keepinghouse</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>H. Oehlshagen</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmine Deneke</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Sander</u>				
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>now</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.H. Sander</u>		ADDRESS <u>Jackson Mo</u>			
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				INTERVAL BETWEEN ONSET AND DEATH <u>3-7 mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis. Chronic</u>					
				DUE TO (c) <u></u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u></u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) <u></u>		(COUNTY) <u>4221</u>		(STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>					
22. I hereby certify that I attended the deceased from <u>Nov. 25, 1956</u> , to <u>April 10, 1956</u> , that I last saw the deceased alive on <u>April 10, 1956</u> , and that death occurred at <u>5 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. W. Ford, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Hordenville, Mo.</u>		23c. DATE SIGNED <u>Apr. 13-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lion Methodist</u>		24d. LOCATION (City, town, or county) <u>2 mi W Hordenville Mo</u>		(State) <u></u>	
DATE REC'D BY LOCAL REG. <u>4-18-56</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke Laird</u>		ADDRESS <u>Jackson Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.