

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33348**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **463**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 28 yr	c. CITY OR TOWN Cape Girardeau
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS 1211 S Ellis		016 0	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Carl	c. (Last) Sander	4. DATE OF DEATH (Month) (Day) (Year) Oct 22 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 24 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours 1 Min. 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Scott Co. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Don't Know	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Anna Sander (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 495-14-338	17. INFORMANT'S SIGNATURE OR NAME Mr Al Sander	ADDRESS Cape Gir Mo.
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration Pneumonia		2 days
ANTECEDENT CAUSES		DUE TO (b) Cerebrovascular Accident	2 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 180X	
II. OTHER SIGNIFICANT CONDITIONS		Surgery for Carcinoma of Rt. Kidney removed	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Oct. 18, 1956	19b. MAJOR FINDINGS OF OPERATION Grade 3 transitional cell carcinoma of Right Renal Pelvis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 21, 1956**, to **Oct. 22, 1956**, that I last saw the deceased alive on **Oct. 22, 1956**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Israel M. Hoxworth, M.D.	(Degree or title)	23b. ADDRESS 24 N. Sprigg Cape Girardeau, Mo.	23c. DATE SIGNED Oct. 26, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 24 1956	24c. NAME OF CEMETERY OR CREMATOR Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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DATE REC'D BY LOCAL REG. 10-27-56	REGISTRAR'S SIGNATURE O. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell	ADDRESS Cape Gir Mo.
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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.....
Neil H. Grossman
Licensed Embalmer No. 4997

P. O. Address Cape Girardeau

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.