

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3689**

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4043** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give town) Marble, Hill		c. CITY OR TOWN Marble, Hill	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) 21 mo.		e. STREET ADDRESS EL Nathan Home, Inc.	(If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Mattie	b. (Middle)	c. (Last) Sander	Mar 3 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan 7 1874	9. AGE (In years) (Month) (Day) 82 1 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and State or Foreign Country) Bollinger Mo	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME William Nevens	13b. MOTHER'S MYPDEN NAME Gaines	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Leon Sander	ADDRESS Marble, Hill
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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, ashenia, 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) Pulmonary Edema		
	ANTECEDENT CAUSES DUE TO (b) Congestive Heart Failure DUE TO (c) Coronary Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prurient Stomach			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Minute)	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 **Jan 4, 1957**, to **March 3, 1957**, that I last saw the deceased alive on **March 1, 1957**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Meyer MD	23b. ADDRESS Intervale Mo	23c. DATE SIGNED 3/5/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-5th 57	24c. NAME OF CEMETERY OR CREMATORY Marble, Hill Cem.	24d. LOCATION (City, town, or county) (State) Marble, Hill Mo.
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DATE REC'D BY LOCAL REG. 3/5/57	REGISTRAR'S SIGNATURE Max Buford Corder	25. FUNERAL DIRECTOR'S SIGNATURE Baker Funeral Home	ADDRESS Lutesville.
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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.....
A. J. Baker

Licensed Embalmer No. *3573*

P. O. Address *Tulsa Okla.*

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.

Subscribed and sworn to before me this 14th day of 1932