

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5885

State File No. \_\_\_\_\_

FILED FEB 21 1957

BIRTH NO. _____		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>4449</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Reynolds</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Reynolds</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u>		d. STREET ADDRESS (If rural, give location)		8900	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Star Own Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>SIMPSON</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>SANDERS</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>FEB 8 1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 1 1873</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>8</u>		IF UNDER 4 HRS. Days <u>8</u> Hours <u>0</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Reynolds County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JAMES M. SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Brawley</u>		14. NAME OF HUSBAND OR WIFE <u>5. Phronie Sanders</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>N/A</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Phronie Sanders, Ellington</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		<u>Cerebral Arteriosclerosis</u>				<u>10-15 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		A. Apoplexy				<u>As slow</u>	
ANTECEDENT CAUSES		DUE TO (a) <u>Sensibility</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>334x</u>		YES <input type="checkbox"/> NO <input 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) <u>0</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Jan 31, 1957</u> , to <u>Feb 1, 1957</u> , that I last saw the deceased alive on <u>12:00 PM 1957</u> , and that death occurred at <u>12:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kenneth Clark MD</u>				23b. ADDRESS <u>Ellington Mo</u>		23c. DATE SIGNED <u>FEB 9 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellington City</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-9-57</u>		REGISTRAR'S SIGNATURE <u>Basie Evans</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clara S. Pruitt Ellington</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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Received 2-18-57  
Reynolds County Health Center  
File No. 257 - 8

FEB 28 1957

**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 Chas. S. Penwell

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

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