

Health,  
& Welfare  
Public  
Service

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45327  
STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 3945 Registrar's No. 55

S. 300  
K. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - N. Dillon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Poplar Bluff</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Terndale Rest Home - 1 yrs</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Terndale Office - St James, Mo.</u>
3. NAME OF DECEASED (Type or print) <u>URILLA</u>		First <u>URILLA</u> Middle <u>SANDERS</u> Last <u>SANDERS</u>	4. DATE OF DEATH Month <u>Dec.</u> Day <u>23</u> Year <u>'57</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 23, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>84</u>
13. FATHER'S NAME <u>John Braht</u>		11. BIRTHPLACE (City and state or country) <u>Franklin Co. Mo.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		14. MOTHER'S MAIDEN NAME <u>Margaret J. Fisher</u>	
17. INFORMANT <u>Terndale Office - St James, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bacterial pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic hypoxemia</u> about <u>8 years</u>			
DUE TO (c) <u>Mentally confused</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Mentally confused</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>8:30</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>2-12-1950</u> to <u>12-23-57</u> and last saw her <u>her</u> alive on <u>Dec. 19, '57</u> Death occurred at <u>8:30</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. V. Hammler, M.D.</u> (Degree or title)		22b. ADDRESS <u>St. James, Mo.</u>	22c. DATE SIGNED <u>12-27/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Dec. 26 - 57</u>	<u>Dawson Cem.</u>	<u>St. James, Mo.</u>
24. FUNERAL DIRECTOR <u>Oral E. Diebler - St. James, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-27-1957</u>	26. REGISTRAR'S SIGNATURE <u>Ruel B. Powell</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number ~~7770~~ 920

Date Filed 12/31/57

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 not embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. Luckless

Licensed Embalmer No. 354

P. O. Address St. James

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.