

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039159
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 549

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| 1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i> | | c. CITY OR TOWN <i>Cape Girardeau</i> | |
| c. FULL NAME (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp</i> | | d. STREET ADDRESS (If outside, give location) <i>224 S. Ellis</i> | |
| Length of stay in 1b <i>10 days</i> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <i>JESSE RICHMAN SANDERS</i> | | | 4. DATE OF DEATH Month Day Year <i>Nov. 16, 1958</i> | | |
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|-----------------------|----------------------------------|---|--|--|-----------------------------------|------------------------------------|
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>June 30, 1884</i> | 9. AGE (In years last birthday) <i>74</i> | 10. F UNDER 1 YEAR Months Days | 11. IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <i>Farmer, Retired</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i> | 11. BIRTHPLACE (City and state or country) <i>Commerce, Mo</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Phillimore Sanders</i> | 13b. MOTHER'S MAIDEN NAME <i>Sarah A. Adom</i> | 14. NAME OF HUSBAND OR WIFE <i>Alice M. Loftin</i> |
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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) <i>No</i> | 16. SOCIAL SECURITY NO. <i>Don't know</i> | 17. INFORMANT <i>Mr Hank Keen Cape Girardeau, Mo</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary artery disease</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis, generalized</i> | | |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) <i>4201</i> |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 |
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21. I attended the deceased from *1956* to *16 Nov 58* and last saw *her* alive on *16 Nov 58*
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <i>Hugh V. Cobby, MD</i> | 22b. ADDRESS <i>Cape Girardeau, Mo</i> | 22c. DATE SIGNED <i>24 Nov 58</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>11/19/58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cem.</i> | 23d. LOCATION (City, town, or county) (State) <i>Commerce, Mo</i> |
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| 24. FUNERAL DIRECTOR <i>Burial Home</i> | ADDRESS <i>Illmo, Mo</i> | 25. DATE RECD. BY LOCAL REG. <i>Dec 1, 1958</i> | 26. REGISTRAR'S SIGNATURE <i>Mr. Homer Cooper</i> |
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All diseases in Part I must be causally related. Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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DEC 18 1958

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 *Oliver C. Amie*

Licensed Embalmer No. *4470*

P. O. Address *Illmo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.