

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004825

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 18

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300
 Rev. 4/59

1 1000
 2 1007
 3
 4 0
 5 2
 6
 7 1
 8 0
 9 4200
 10
 11
 12 91-e
 13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL</u>		Length of stay in 1b	c. CITY OR TOWN <u>Sikeston</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>204 BROADWAY ST.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CECIL EDGAR SANDERS</u>		4. DATE OF DEATH Month Day Year <u>1-14-1963</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-7-1919</u>
9. AGE (last birthday) <u>43</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LINEMAN Mo. Utilities</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LINEMAN</u>	11. BIRTHPLACE (City and state or country) <u>Blytheville Ark.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>J.W. SANDERS</u>	
13b. MOTHER'S MAIDEN NAME <u>LEONA BLANCHE KELLY</u>		14. NAME OF HUSBAND OR WIFE <u>MABLE YOWEL SANDERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>YES WWII NAVY</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mable Sanders Sikeston Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CR. ART. OCCLUSION</u> DUE TO (b) <u>ART. SCLER. HEART DIS.</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. 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 <u>1962 to 1.14.63 and last saw him alive on 12.27.62</u>	
21. I attended the deceased from <u>1.14.63</u> to <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Carl G. App. M.D.</u>		22b. ADDRESS <u>Sikeston Mo.</u>	22c. DATE SIGNED <u>1.15.63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-16-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE</u>
23d. LOCATION (City, town, or county) <u>Blytheville Ark</u>		23e. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>	
24. FUNERAL DIRECTOR <u>WELSH FUNERAL Home Sikeston Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 17-1963</u>	

JAN 22 1963

JAN 24 1963

JUN 4 1963

Permit renewed Jan 14, 1963

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address St. Keeton 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.