S. No. 300
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FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 497

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: CAPE GIR.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU.
d. STREET ADDRESS (If rural, give location): CAPE ROCK DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): BERN
b. (Middle): JOHN.
c. (Last): SANDS.

4. DATE OF DEATH (Month) (Day) (Year): Jan 31 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY. 26-1884
9. AGE (In years last birthday): 64 — If under 1 year: Months 8, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED. Supt.
10b. KIND OF BUSINESS OR INDUSTRY: SHOE CO
11. BIRTHPLACE (State or foreign country): ORIOLE. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOHN SANDS
13b. MOTHER'S MAIDEN NAME: RAECHEL TRICKEY
14. NAME OF HUSBAND OR WIFE: NORA SANDS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-05-6492
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nora Sands. **ADDRESS**: Cape Girardeau

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 1X

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cape Girardeau, Cape Girardeau Mo.
21d. TIME OF DEATH (Month) (Day) (Year) (Hour): Jan 31, 49 3A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1, 1948, *to* Jan 31, 1949, *that I last saw the deceased alive on* 31, 1949, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 709 Broadway Cape Girardeau
23c. DATE SIGNED: 1/31/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 2-1949
24c. NAME OF CEMETERY OR CREMATORY: JACKSON
24d. LOCATION (City, town, or county) (State): JACKSON Mo

DATE REC'D BY LOCAL REG.: Feb 2-1949
REGISTRAR'S SIGNATURE: C. C. Simmons
25. FUNERAL DIRECTOR'S SIGNATURE: Walthers Funeral Home **ADDRESS**: Cape Gir Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1949

RECEIVED

Health Officer No. 4

249-18

2-7-49

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 Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.