

11921

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 45BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	
c. LENGTH OF STAY (in this place) 2 Days		d. STREET ADDRESS (If rural, give location) 113 Walnut St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Lela b. (Middle) Varney c. (Last) Sanders.			4. DATE OF DEATH (Month) (Day) (Year) April 17 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5th 1903
9. AGE (In years last birthday) 45		10. UNDER 1 YEAR (Months) (Days)	11. UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Rich Hill Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME G. Wm. Varney		13b. MOTHER'S MAIDEN NAME Alice Hyde	14. NAME OF HUSBAND OR WIFE Lester J. Sanders.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester J. Sanders, Boonville, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage from rupture of congenital cerebral aneurysm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) --- DUE TO (c) ---	
		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		452 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Mar 20 , 19 48 , to April 17 , 19 49 , that I last saw the deceased alive on Mar 20 , 19 49 , and that death occurred at 6:45 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. Neumann M.D.		23b. ADDRESS 329 Main Boonville Mo	
23c. DATE SIGNED 4-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 19/1949	
24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Boonville, Missouri,	
DATE REC'D BY LOCAL REG. April 21-49		REGISTRAR'S SIGNATURE Hooper 3810	
25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller,		ADDRESS Boonville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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2No. 300
10-48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-28-49

676192

FEB 18 1958

MAY 10 1949

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 G. F. Roller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.