

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16742

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>GRANBY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>GRANBY</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>73</b> <b>1</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>JANE</b> c. (Last) <b>SANDERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-14-49</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>9-2-1878</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>12</b>	
IF UNDER 1 YEAR Hours <b>1</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>McGuffeen Co. Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>ELISHA WYATT</b>		13b. MOTHER'S MAIDEN NAME <b>RACHEL JOHNSON BURR SANDERS</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Cecil Briggs, Granby, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cecil Briggs, Granby, Mo.</b>	
ADDRESS		ADDRESS			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Disease of the Coronary Arteries</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 Mo</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Diabetes Mellitus</b>		1yr	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		<b>660A</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec. 6, 1978**, to **May 11, 1949**, that I last saw the deceased alive on **May 11, 1949**, and that death occurred at **8:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles O. Young</b>		23b. ADDRESS <b>Granby, Mo</b>		23c. DATE SIGNED <b>5-17-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 17 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GRANBY CEM</b>	
24d. LOCATION (City, town, or county) (State) <b>GRANBY MISSOURI</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Charles - Jewmaka</b>		24f. ADDRESS <b>Granby, Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAY 20 1949</b>		REGISTRAR'S SIGNATURE <b>M. L. Young</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles - Jewmaka</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

~~DATE FILED MAY 25 1940~~  
~~STATE OF MISSISSIPPI~~  
~~DEPARTMENT OF HEALTH~~  
~~MEMPHIS, TENNESSEE~~  
672  
75-675  
MURKIN  
GAINES

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville

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.