

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1949

State File No. **34599**

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Demersot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demersot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Little Prairie</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. west of Caruthersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) _____ c. (Last) <u>SANDERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>3 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>about 35</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Seymour Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Sanders</u>	
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Sanders - Caruthersville, Mo.</u> ADDRESS _____			
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - This person</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>dropped dead on steps.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7455	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Osburn Lawrence</u> (Degree or title)	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>11-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov-1-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinkle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trinkle Tenn</u>
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DATE REC'D BY LOCAL REG. <u>Nov-1, 1949</u>	REGISTRAR'S SIGNATURE <u>Lessie B. Niebe</u> 247	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raferg and Co. Caruthersville Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

11-49-320

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.

Signed.....

Noel C. Sean

Signed.....

Student Embalmer

Licensed Embalmer No. *3941*

P. O. Address *Cambridge, MA*

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.