

No. 300
10.48

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19759

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>108 1/2 A. E. High St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>108 1/2 A. E. High</u>			

3. NAME OF DECEASED a. (First) <u>Annie</u> (Type or Print) <u>Lena Sanders</u>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8, 1950</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 17, 1865</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>			11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Henry Heller</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Rebecca Boyer</u>			14. NAME OF HUSBAND OR WIFE <u>William W Sanders</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME MO. ADDRESS <u>Mrs Elmer Elliott, Jefferson City</u>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Tongue</u> ANTECEDENT CAUSES <u>(Inoperable)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
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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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from March 14, 1950, to July 8, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Doctor or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>July 11/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farmers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tebbetts Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 11-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - M.R.O.</u>		25. FUNERARY DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Jefferson City Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

264
1264
5/4/2/5

OCT 23 1957

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

7-13-57

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. 315

working under my personal supervision.

Student

Bill Brunson
Student Embalmer

Signed

Victor Buscher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City

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.

measures will be taken once by affidavit count

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 19759-5A

State of Missouri

County of Cole

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 23rd day of May, 1956, before me appears

Mrs. Elmer Elliott, who, upon her oath, states that the original record of death for Annie Lena Sanders, died July 8, 1950, in the State of Missouri, and which was filed at Jefferson City, Missouri on July 11, 1950, should be corrected as follows:

Item No. 3 should read Annie Lena Sanders
Instead of Anna Lena Sanders

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Elmer Elliott Daughter Relationship.

108 E. High Present Address.

Subscribed and sworn to before me this 23 day of May, 1956

My Commission expires Nov 2-1956 Elaine Behrens Notary Public.