

FILED AUG 11 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25769

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)		c. CITY (If outside corporate limits, write RURAL and give township) STOWN Essex 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED a. (First) Marie (Type or Print)		b. (Middle)		c. (Last) Sanders		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 6, 1950	
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (State or foreign country) Essex, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Elmer Sanders		13b. MOTHER'S MAIDEN NAME Jane King		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elmer Sanders ADDRESS Essex, Missouri	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. Infantile Diarrhea causative factor b. Dehydration c. Malnutrition		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 mo. 5 7/10	
ANTECEDENT CAUSES Morbid 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.					

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)		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 **7-19, 1950**, to **7-28, 1950**, that I last saw the deceased alive on **7-28, 1950**, and that death occurred at **4:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James C. McClure		23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 7/28/50	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE July 29-50		24c. NAME OF CEMETERY OR CREMATORY Essex City Cem.	
24d. LOCATION (City, town, or county) (State) Essex, Mo.		FUNERAL DIRECTOR'S SIGNATURE ELMER SANDERS JR.		ADDRESS Essex, Missouri	
DATE REC'D BY LOCAL REG. 1950		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		WITNESSES - Wm. J. Butcher	

(Licensed Embalmer's Statement on Reverse Side)

WITNESSES - **Wm. J. Butcher**

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

RECEIVED AUG 8 1
SCOTT COUNTY HEALTH
CO. FILE NO. 850-

21170

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 _____

Licensed Embalmer No.

P. O. Address _____

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.