S. No. 300
v. 10-48

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39924

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1410

110
1

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington Twn.
c. LENGTH OF STAY (in this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.R.#7 - French Bottoms

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington twn. 0110
d. STREET ADDRESS (If rural, give location) R.R.#7 - French Bottoms

3. NAME OF DECEASED (Type or Print)
a. (First) Fannie
b. (Middle) Louisa
c. (Last) Sanders

4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1950

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 4, 1865
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) South Hampton, England 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Ames
13b. MOTHER'S MAIDEN NAME Mary Ann Thorne
14. NAME OF HUSBAND OR WIFE John Thomas Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mr. Lewis E. Sanders - St. Joseph, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis general — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage (Hemiplegia - left) — 12-2-50
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 17, 1950, *to* Dec 8, 1950, *that I last saw the deceased alive on* Dec 7, 1950, *and that death occurred at* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE S. P. Senor (Degree or title) M.S.
23b. ADDRESS St. Joseph Mo
23c. DATE SIGNED Dec 9 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11
24b. DATE Dec. 11, 1950
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) ST. Joseph, Missouri (State)

DATE REC'D BY LOCAL REG. Dec 16, 1950
REGISTRAR'S SIGNATURE Carl C. Castro 446
25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home ADDRESS Stamey Funeral Home-St. Joseph, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Charles M. Harrison

Signed .....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.