

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3974

State File No. 4058

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) HARVIELL	c. LENGTH OF STAY (in this place) 3 YRS	c. CITY (If outside corporate limits, write RURAL and give township) HARVIELL 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION. HOME		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) LYDIA b. (Middle) ANN c. (Last) SANDERS			4. DATE OF DEATH (Month) (Day) (Year) 2 - 8 - 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-13-1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE (REV)		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) UNION CO., TENN		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JOHN GREER		13b. MOTHER'S MAIDEN NAME MARTHA PRESSON		14. NAME OF HUSBAND OR WIFE DANIEL W. SANDERS (DEP)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS BERNIE BRADHARKE 1249 JEFFERSON SPRINGFIELD, MO.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis 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.		INTERVAL BETWEEN ONSET AND DEATH 42:2
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Johnson		23b. ADDRESS 428	23c. DATE SIGNED 2/9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-11-1951	24c. NAME OF CEMETERY OR CREMATORY DUNNING CEMETERY	24d. LOCATION (City, town or county) (State) BUTLER CO. Mo.
DATE REC'D BY LOCAL REG Feb. 11 - 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R. J. Selig, Black's Mortuary, Lansing, Ark.	

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

RECEIVED
FEB 20 1951
BUTLER CO. HEALTH CENTER
FILE No. ~~258~~ 251-85

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 Roman J. Selig Jr.

Licensed Embalmer No. 1562

P. O. Address Coring, Ark.

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.