

No. 300  
10.48

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11424**

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>90</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kirksville,</u> <u>0013</u> TOWN					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 N. High</u>				d. STREET ADDRESS (If rural, give location) <u>609 N. High</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u> b. (Middle) _____ c. (Last) <u>Sanders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 9, 1951</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>March 17, 1867</u>		9. AGE (In years last birthday) <u>84</u>	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) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Miley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Snyder</u>		14. NAME OF HUSBAND OR WIFE <u>Henry H. Sanders</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claude Sanders, Kirksville, MO.</u>					
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) <u>Arteriosclerosis</u>  ANTECEDENT CAUSES <u>33</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Embolism due to injury?)</u> 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>20 years</u> <u>1 labor</u> <u>2900</u> <u>21</u>	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville</u> <u>Adair</u> <u>Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 6th 1951 11 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down basement stairs</u>					
22. I hereby certify that I attended the deceased from <u>3-29-1951</u> to <u>4-9-1951</u> , that I last saw the deceased alive on <u>4-9-1951</u> , and that death occurred at <u>10:45 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George E. Ginn M.D.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>4/9/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/12/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mulberry</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4-12-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Karl M. Kelly</u> <u>Kirksville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

Date Received: APR 16 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-738  
Date Filed: APR 16 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Rollie Kessel

Signed.....  
Student Embalmer

Licensed Embalmer No. 4690

P. O. Address Kirksville, Mo.

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.