

FILED APR 19 1951
1927

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1859-
State File No. 11764

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 15-

1. PLACE OF DEATH a. COUNTY <u>Baldwell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Baldwell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Breckenridge</u>		c. LENGTH OF STAY (In this place) <u>18 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Breckenridge</u>		OR TOWN <u>0130</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Breckenridge, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Breckenridge, Mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Florence</u> c. (Last) <u>Sanderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-30-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 10, 1860</u>		9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work if done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hocking Co Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Allen W. Oldfield</u>		13b. MOTHER'S MAIDEN NAME <u>Spring</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> <u>Arterio Sclerosis Hypertrophied Heart</u> ANTECEDENT CAUSES 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 Days</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"/>	
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) (Min.)		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 3-24-1951, 1951, to 3-30-1951, that I last saw the deceased alive on 3-30-1951, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Webb, M.D.</u> (Degree or title)		23b. ADDRESS <u>Breckenridge, Mo</u>		23c. DATE SIGNED <u>4-1-51</u>	
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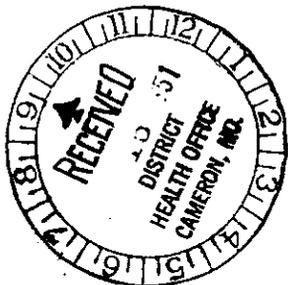
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo</u>		
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DATE REC'D BY LOCAL REG. <u>4-9-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leannell Funeral Home - Breckenridge, Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

136

NOV 28 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.....
Student Embalmer

Signed *George R. Trammell*

Licensed Embalmer No. *4425*

P. O. Address *95 - Buckwidge, 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.