S. No. 300
v. 10.48

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20837

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. .....

0720
1

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

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Como TWP
c. LENGTH OF STAY (In this place): 4 MOS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Miles East of Bernie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkm
b. COUNTY: Lone Ack
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): England Ark. 8030
d. STREET ADDRESS (If rural, give location): England /

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

4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 51

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8 / 3 / 1881
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9 Days — IF UNDER 24 HRS.: Hours 16 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ark. /
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Mose Bannuan
13b. MOTHER'S MAIDEN NAME: Mary Jane Landon
14. NAME OF HUSBAND OR WIFE: Unknown

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Shottie Thomas — ADDRESS: Bernie

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High blood pressure — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
33 IX

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* June 27, 1944, *to* May 16, 1951, *that I last saw the deceased alive on* May 16, 1951, *and that death occurred at* 11:00 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. O. Kelley D.O.
23b. ADDRESS: Bernie, Mo.
23c. DATE SIGNED: 5-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial /1
24b. DATE: 5/21/51
24c. NAME OF CEMETERY OR CREMATORY: Clarkton Cemetery
24d. LOCATION (City, town, or county) (State): Clarkton, Missouri

DATE REC'D BY LOCAL REG.: 6/30/51
REGISTRAR'S SIGNATURE: Dr Geo W Hustel M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: G.R. Tucker — ADDRESS: Bernie

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1951

RECEIVED
JUL 12 1951
DISTRICT HEALTH OFFICE No.
File No.....

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 J. D. Schauman

Licensed Embalmer No. 4086

P. O. Address Malden

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.