

RECEIVED 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32839**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **354**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) FORN FELT	
c. LENGTH OF STAY (In this place) 1 WK		d. STREET ADDRESS (If rural, give location) 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION CAPE OSTEOPATHIC HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) H. c. (Last) SANDER	4. DATE OF DEATH (Month) (Day) (Year) Oct 18, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 28, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (State or foreign country) Commerce Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JOHN SANDER	13b. MOTHER'S MAIDEN NAME AMELIA BOHN HART	14. NAME OF HUSBAND OR WIFE EDMUND SANDER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) No	16. SOCIAL SECURITY NO. Don't Know	17. INFORMANT'S SIGNATURE OR NAME Mrs Jess Odon	ADDRESS Fornfelt, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral Pleural Effusion DUE TO (c) Lower Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 490X
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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?
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22. I hereby certify that I attended the deceased from **October 10, 1951**, to **October 18, 1951**, that I last saw the deceased alive on **October 18, 1951**, and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE George W. England D.D. 2	(Degree or title)	23b. ADDRESS 46 W. Main Cape Girardeau	23c. DATE SIGNED Oct 25, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-20-51	24c. NAME OF CEMETERY OR CREMATORY North	24d. LOCATION (City, town, or county) (State) Illmo Mo
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DATE REC'D BY LOCAL REG. 10-25-51	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Wesley Hoff	ADDRESS Farm Home Illmo, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

OCT 29 1951

DISTRICT HEALTH OFFICE No. 6

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.....
Oliver Camick

Licensed Embalmer No. *4470*

P. O. Address *Illms, Nw*

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.