

FILED NOV 23 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38477**

**883**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3006** Registrar's No. **266**

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> COUNTY <b>CHARITON</b>	
b. CITY OR TOWN <b>MOBERLY</b>		c. CITY OR TOWN <b>RURAL</b> <b>0210</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <b>2 Miles Forest Green</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WOODLAND</b>		d. STREET ADDRESS (If rural: give location)	
3. NAME OF DECEASED (Type or Print) <b>LOUISE GEBHARDT SANDERS</b>		4. DATE OF DEATH <b>NOV. 14, 1951</b>	
a. (First)		b. (Middle)	
c. (Last)		4. DATE (Month) (Day) (Year)	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>OCT 26, 1876</b>
9. AGE (In years, Months, Days)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HERMIONE</b>	11. BIRTHPLACE (State or foreign country) <b>Forest Green Mo. U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <b>NICHOLAS GEBHARDT</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA GESSING WIA SANDERS</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Nick Sanders Forest Green Mo</b> 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Embolic, coronary artery, left</b> (Source unknown). INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>	
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. <b>Cardiovascular Renal Disease</b>		<b>2 years</b>	
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) m.	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 <b>Nov 13, 1951</b> , to <b>Nov 14, 1951</b> , that I last saw the deceased alive on <b>Nov 14, 1951</b> , and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>H. B. Sanders</b> (Degree or title)		23b. ADDRESS <b>Mo</b>	23c. DATE SIGNED <b>15 Nov 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>NOV. 17 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem</b>	24d. LOCATION (City, town, or county) (State) <b>Forest Green Mo</b>
DATE REC'D BY LOCAL REG. <b>11-17-51</b>	REGISTRAR'S SIGNATURE <b>Leah Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Audsley - Fremont</b> ADDRESS <b>Glasgow</b>	

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

OCT 24 1961

MAR 7 1961

Date Received: NOV 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-2091  
Date Filed: NOV 20 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.....

*J. Walker Ainsley*  
.....  
Licensed Embalmer No. *3336*  
.....  
P. O. Address *Elizabethton Tenn*  
.....

Signed.....  
Student Embalmer

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.