

FILED MAR 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4798

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Balph</u> <u>8030</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Surgical Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Clifton</u> c. (Last) <u>Sanders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 - 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>12-31-1911</u>		9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ozark Co Ark 1</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Albert Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Eda Langston</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Hail C Sanders Balph Ark</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal Contusion</u> DUE TO (c) <u>Struck on back by falling logs</u>			<u>2-1-52</u>
		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 type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pineville 803 Ark</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 1 - 52 3PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Logs fall off truck onto back</u>	
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22. I hereby certify that I attended the deceased from 2-1-52 to 2-4-52, that I last saw the deceased alive on 2-4-52, and that death occurred at 1:25 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Stoll M.D.</u> (Degree or title)		23b. ADDRESS <u>1014 W. Main West Plains Mo</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>2-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wild Cherry</u>	
				24d. LOCATION (City, town, or county) (State) <u>Wild Cherry Ark</u>	

DATE REC'D BY LOCAL REG. <u>2-12-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hall Funeral Home</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

461

FEB 4 1957

APR 4 1957

*This Body was ^{not} Embalmed in Missouri But Remained
at Kansas Funeral Home.*

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 *Linnell L. Hall*

Licensed Embalmer No. *2784 me*

P. O. Address *Calico Rock Ark*

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.