

V. 5. No. 300
Rev. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21008

State File No.

0570
9

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

FILED JUN 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4252</u>		Registrar's No. <u>34</u>		
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EDINA</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-</u> <u>0520</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GIBSON HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>8MI-SW-EDINA</u>				
3. NAME OF DECEASED (Type or Print) <u>PEARL</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>SANDERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23 1952</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. 6, 1886</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>SALINA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>HENRY PRUDEN</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA TURNPOW</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT E. SANDERS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLENN E. SANDERS EDINA-MO</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medically certified by hypertension</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>445x</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>July 19 1949</u> to <u>June 23 1952</u> that I last saw the deceased alive on <u>June 23, 1952</u> and that death occurred at <u>4:25 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Glenn E. Sanders MD</u> (Degree or title)				23b. ADDRESS <u>Edina Mo.</u>		23c. DATE SIGNED <u>6-25-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>CLARENCE MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>June 25, 52</u>		REGISTRAR'S SIGNATURE <u>Helle S. Dunalt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. H. Hurdland Mo</u>				

JUN 11 1955

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 Geo B Casey Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.