

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34712**

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 907-B

0396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 7 HRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" LINCOLN 02?			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			d. STREET ADDRESS (If rural, give location) RT. #1, CLEVER			
3. NAME OF DECEASED (Type or Print) a. (First) ULLMAN		b. (Middle) L.	c. (Last) SANDERS		4. DATE OF DEATH (Month) (Day) (Year) OCT. 6-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH AUG. 1 - 1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) CLEVER - MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM C. SANDERS		13b. MOTHER'S MAIDEN NAME MISSOURI ELIZABETH FRAZIER		14. NAME OF HUSBAND OR WIFE NORA WILES, SANDERS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. NORA SANDERS, RT.#1, CLEVER, MO.		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Hypertensive C.V. Disease 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.			INTERVAL BETWEEN ONSET AND DEATH 6-8 hours years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X			20. AUTOPSY? YES <input type="checkbox"/> NO <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)		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>Oct 5, 1952</u> , to <u>Oct. 5, 1952</u> , that I last saw the deceased alive on <u>Oct 5, 1952</u> , and that death occurred at <u>2:30 A. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE Harvey C. Marshall, M.D. (Degree or title)			23b. ADDRESS Professional Bldg.		23c. DATE SIGNED 10-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL #1		24b. DATE OCT. 9-1952	24c. NAME OF CEMETERY OR CRMATORY MT. CARMEL CEMETERY		24d. LOCATION (City, town, or county) (State) CHRISTIAN CO. MO.	
DATE REC'D BY LOCAL REG. 10-13-52		REGISTRAR'S SIGNATURE Edith Wilhemson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.		

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.....

John Dean Harris

Signed.....
Student Embalmer

Licensed Embalmer No. *4390*

P. O. Address.....

Clever, 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.