

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13145**

FILED APR 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5004</u>		Registrar's No. <u>141</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Connelville</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Nineveh twmsp. 0010</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Novinger Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Novinger, Rt. 2.</u>			
3. NAME OF DECEASED (Type or Print) <u>DAISY</u>		a. (First) <u>GERTRUDE</u>		b. (Middle) <u>SANDERS</u>		c. (Last)	
4. DATE OF DEATH <u>April 20, 1953</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 3, 1885</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Adair County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Coleman Decker</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Mikel</u>		14. NAME OF HUSBAND OR WIFE <u>J. W. Sanders</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.W. Sanders</u>		ADDRESS <u>Novinger, Mo. Rt. 2.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusions</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>Retard.</u> 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 <u>1 hour</u> <u>2 years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</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>Mo.</u>		241 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 19, 1953</u> to <u>April 20, 1953</u> , that I last saw the deceased alive on <u>April 20, 1953</u> , and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Garrison</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Novinger Mo</u>		23c. DATE SIGNED <u>4-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jewell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>4-22-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u> <u>1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirkville, Mo.</u>			

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

MAY 1 1933

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.....

*Robert B. Davis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.