

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16897**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **4552** Registrar's No. **25**

41

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

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Grove		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Grove, 1141	
c. LENGTH OF STAY (In this place) 2 years		d. STREET ADDRESS (If rural, give location) South Wall - Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Wall St. Mtn Grove			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) JANE	c. (Last) SANDERS	4. DATE OF DEATH (Month) (Day) (Year) April 12 - 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 24, 1861	9. AGE (In years last birthday) 91	if UNDER 1 YEAR Months 3 Days 18	if UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pewhatten, ARK	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Daniel Campbell	13b. MOTHER'S MAIDEN NAME NANCY KERR	14. NAME OF HUSBAND OR WIFE James C. Sanders
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Estel Sanders - Mtn Grove	ADDRESS Mo
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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) Cerebral Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of face & head 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 191x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1951**, to **April 12, 1953**, that I last saw the deceased alive on **April 12, 1953**, and that death occurred at **8:00 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard E. Mitchem	(Degree or title) DO.	23b. ADDRESS Mtn. Grove, Mo.	23c. DATE SIGNED 4-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 14-53	24c. NAME OF CEMETERY OR CREMATORY UNION CHAPEL	24d. LOCATION (City, town, or county) (State) So. of Mtn Grove, Mo
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DATE REC'D BY LOCAL REG. 4-24-53	REGISTRAR'S SIGNATURE A. C. Ames	348-0	25. FUNERAL DIRECTOR'S SIGNATURE BARBER Funeral Home	ADDRESS Mtn Grove Mo
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WRIGHT CO. HEALTH DEPT.
County File Number 553-58
Date Filed 5-9-23

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mtn Grove, Va

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.