

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16924

State File No.

FILED JUN 10 1953

| | | | | | | | |
|---|--|---|----------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>177</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> <u>0018</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u> | | c. LENGTH OF STAY (in this place) <u>23 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Green City</u> <u>1050</u> | | d. STREET ADDRESS (If rural, give location) <u>No street address</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Griffin Smith Mem Hosp</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> | | | b. (Middle) <u>MINERVA</u> | | | c. (Last) <u>SANDERS</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 1953</u> | | 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>MAR. 13 1868</u> | | 9. AGE (In years last birthday) <u>85</u> | | 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>Farm home</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Scotland Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>HENRY TRAINER</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY HUGHES</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Jacob Richard Sanders</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>JESSE SANDERS</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right hip</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>10 yrs.</u> <u>21 days</u> | |
| 19a. DATE OF OPERATION <u>5-8-53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>331X F</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>GREEN CITY SULLIVAN MO</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 4 1953 4:30 p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>P+ fall on rug</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>5-4-53 1953</u> , to <u>5-25 1953</u> , that I last saw the deceased alive on <u>5-25 1953</u> , and that death occurred at <u>12:29 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Walter T. English M.D.</u> | | | | 23b. ADDRESS <u>Kirkville Mo</u> | | 23c. DATE SIGNED <u>5/25/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 27, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Grove Cemetery Adair Co., Mo.</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>5-27-53</u> | | REGISTRAR'S SIGNATURE <u>Walter Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Zent & Son, Green City, Mo.</u> | | ADDRESS | |

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

No street address

Home

Address

No

of

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

Earl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.