

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40097**

FILED NOV 17 1953

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>378</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>			
b. CITY OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY OR TOWN <u>Rural Liberty Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Petas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				3. NAME OF DECEASED a. (First) <u>Mabel</u> (Middle) <u>Ellen</u> (Last) <u>Sanders</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Nov. 6 1898</u>		9. AGE (In years last birthday) <u>55-07</u>		10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>Sped Richard</u>		13b. MOTHER'S MAIDEN NAME <u>Ida England</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edmer F. Sanders</u> ADDRESS <u>Petas 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Renal Failure</u> ANTECEDENT CAUSES <u>Shock</u> DUE TO (b) <u>Shock</u> DUE TO (c) <u>Peritonitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Post op Cholecystectomy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 days</u> <u>6 days</u>	
19a. DATE OF OPERATION <u>Oct 21, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute & Chronic Cholecystitis</u>				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>Sept 1953</u> , to <u>Nov 7, 1953</u> , that I last saw the deceased alive on <u>Nov 7, 1953</u> , and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jack Muller M.D.</u>				23b. ADDRESS <u>33 N. Allen, Bonne Terre Mo.</u>		23c. DATE SIGNED <u>Nov 7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spahr</u> ADDRESS <u>Petas Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23
NOV 1

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

Murphy Lepore

Licensed Embalmer No.

4236

P. O. Address

Flat Room No

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.