

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5654

State File No.

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. CITY OR TOWN <u>Neosho</u>	
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 W. Coler, Neosho, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>626 N. High</u>	

3. NAME OF DECEASED (Type or Print) <u>Arvilla Sanders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1955</u>			
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 27, 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Granby, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harrington Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Reynolds</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER SANDERS, DEC'D 1934</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>STEVE PARKER, JOPLIN, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</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 Feb 3, 1955, to Mar 1, 1955, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman</u>		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>2-2-55</u>
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>3-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Granby Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Granby, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-3-55</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steve Parker Mortuary Joplin, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

NEWTON COUNTY HEALTH UNIT

355-45
3/12/55

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed *F. M. Jones* _____

Licensed Embalmer No. *2317*

P. O. Address *Joplin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.