

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8723**

FILED MAR 21 1955
BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bedford		c. CITY OR TOWN Moscow Mills Mo	
c. LENGTH OF STAY (In this place) 2 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) ELIZABETH c. (Last) SANDERS			4. DATE OF DEATH (Month) (Day) (Year) Mar 14 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb 18 1874		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 26 Days 26 IF UNDER 24 HRS. Hours 26 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Danville Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas G. Sanders		13b. MOTHER'S MAIDEN NAME Annie Elizabeth L. Bush	
14. NAME OF HUSBAND OR WIFE Thomas K. Sanders		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Charlie Beauford		ADDRESS Moscow Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency		ANTecedent CAUSES (b) Essentially Fibrotic			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Diabetes Mellitus - Insul.			
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		20. AUTOPSY? 260 X YES <input type="checkbox"/> NO <input 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 **2/3**, 19 **54** to **Mar 14**, 19 **55**, that I last saw the deceased alive on **3/5**, 19 **55**, and that death occurred at **4:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE Clare (Degree or title) Res		23b. ADDRESS Tracy Mo		23c. DATE SIGNED 3-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 17, 55		24c. NAME OF CEMETERY OR CREMATORY Anderson Hill	
24d. LOCATION (City, town, or county) (State) Lincoln County Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Wayne Mc Coy		ADDRESS Tracy Mo	

DATE REC'D BY LOCAL REG. Mar 19-55		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE Wayne Mc Coy	
				ADDRESS Tracy Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Licensed Embalmer No. 3579
P. O. Address Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.