

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17452**

FILED MAY 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>104 West McCollum</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Huston</b>	b. (Middle) <b>Ethridge</b>	c. (Last) <b>Sanders</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 5, 1886</b>	9. AGE (In years last birthday) <b>69</b>	10. MONTHS <b>4</b>	11. DAYS <b>5</b>	12. HOURS <b></b>	13. MIN. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lizzie Sanders (Dec'd)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bertie Hearn,</b>	ADDRESS <b>Dexter, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 <b>157X</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> WHILE NOT AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5/7/55**, 1955, to **5/10/55**, 1955, that I last saw the deceased alive on **5-7-1955** and that death occurred at **1:00 pm**, from the causes and on the date stated above.

23a. SIGNATURE <b>Walter Strickland Rainey</b>	(Degree or title)	23b. ADDRESS <b>Dexter, Mo.</b>	23c. DATE SIGNED <b>5/16/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-12-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5/12/55</b>	REGISTRAR'S SIGNATURE <b>Valma V. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Strickland-Rainey</b>	ADDRESS <b>Dexter, Mo.</b>
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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 \_\_\_\_\_

*Lucille Rainey*

Student Embalmer No. *508*

working under my personal supervision.

Student *Lucille Rainey*.....  
Student Embalmer

Signed.....

*J. J. [Signature]*

Licensed Embalmer No. *3499*

P. O. Address *Dept. 1112*

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.