

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26962

State File No. \_\_\_\_\_

FILED AUG 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 000 PRIMARY REG. DIST. NO. 5725 Registrar's No. 137-137

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Hudson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u>	
c. LENGTH OF STAY (in this place) <u>5 mos. 21</u> days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Laura</u>	b. (Middle)	c. (Last) <u>Sanderson</u>	(Month) <u>August</u>	(Day) <u>4</u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 18, 1866</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>16</u>	IF UNDER 2 HRS. Hours <u></u>	IF UNDER 15 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John E. Sanderson</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Sanderson, Bowling Green, Missouri</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile psychosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4500</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 14, 1955, to August 4, 1955, that I last saw the deceased alive on August 4, 1955, and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Anna L. Mauck D.O.</u>	23b. ADDRESS <u>Macon, Missouri</u> <u>Still-Hildreth Sanatorium</u>	23c. DATE SIGNED <u>Aug. 4, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/13/55</u>	REGISTRAR'S SIGNATURE <u>Walter M. Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Sanderson</u>	ADDRESS <u>Bowling Green</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

610  
0

0851

MS JUN 3 1959

MS JUL 1 1959

SEP 2

MS AUG 4 1960

RECEIVED 8.20.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 8.55.142  
Date Filed 8.23.55

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 *Harold Kinser*  
Licensed Embalmer No. 4597

P. O. Address *Bonking Green*

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.