

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17302**

JUN 12 1956

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5945 Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 3278		
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Dillon 4		c. LENGTH OF STAY (in this place) 3 months	c. CITY OR TOWN Kansas City	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home			e. STREET ADDRESS (If rural, give location) 3239 Myrtle Street		
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) H.		c. (Last) SANDS	
4. DATE OF DEATH (Month) (Day) (Year) June 3, 1956		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 17, 1883		9. AGE (In years last birthday) Months Days Hours Min. 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Grocer, ret.		10b. KIND OF BUSINESS OR INDUSTRY Farm, Grocery		11. BIRTHPLACE (City and State or Foreign Country) Vida, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Hardin Sands		13b. MOTHER'S MAIDEN NAME Jane Hance	
14. NAME OF HUSBAND OR WIFE Ethel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Sands,		ADDRESS 3239 Myrtle K.C., MO		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, arteriosclerosis, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 14 hours 9 years	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic gastric ulcers		12 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		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) m.		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 April 4, 1956 to June 3, 1956 that I last saw the deceased alive on June 3, 1956 and that death occurred at 11 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE C. J. Ammler, M.D.		(Degree or title)		23b. ADDRESS St. James, Mo	
23c. DATE SIGNED 6-5-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 5, 1956	
24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	
DATE REC'D BY LOCAL REG. 6-5-1956		REGISTRAR'S SIGNATURE Ruth B. Powell		ADDRESS Rolla, Mo.	

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

RECEIVED

Phelps County Health Officer,

County File Number 238

Date Filed JUN 11 1956

9561 9 7007

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul E. N*

Licensed Embalmer No. 44

P. O. Address Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.