

FILED JUN 27 1956

STANDARD CERTIFICATE OF DEATH

19762 State File No. Registrar's No. 355

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff | | c. CITY (If outside corporate limits, write RURAL and give township) Brosley Rt. 1 | |
| c. LENGTH OF STAY (in this place) 5 days | | d. STREET ADDRESS (If rural, give location) 0120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital | | | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED a. (First) Sharon Louise b. (Middle) _____ c. (Last) Sanders | | | 4. DATE OF DEATH (Month) (Day) (Year) June 6, 1956 | | |
|---|--|--|---|--|--|

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|-----------------|-------------------------------|---|-------------------------------------|--|---|---|
| 5. SEX F | 6. COLOR OR RACE cauc. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child | 8. DATE OF BIRTH Jan 3, 1950 | 9. AGE (In years last birthday) 6 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-----------------|-------------------------------|---|-------------------------------------|--|---|---|

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|---|--|-----------------------------------|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Mo Rt. 1 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
|---|--|-----------------------------------|--|---|--|---|--|

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|--|--|--|--|-----------------------------|--|--|--|
| 13a. FATHER'S NAME Tom Sanders (deceased) | | 13b. MOTHER'S MAIDEN NAME Eva Shemphert | | 14. NAME OF HUSBAND OR WIFE | | | |
|--|--|--|--|-----------------------------|--|--|--|

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|--|--|-------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva Sanders Brosley Mo. Rt 1 | | | |
|--|--|-------------------------|--|---|--|--|--|

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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Ischemic interstitial Nephroses | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Same not determined | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) 578x | |
|--|--|--|--|---|--|

| | | | | | | |
|---|--|--|--|--|----------------------------|--|
| 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 **6-3**, 19**56**, to **6-6**, 19**56**, that I last saw the deceased alive on **6-6**, 19**56**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

| | | | | | |
|---|--|---------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) [Signature] | | 23b. ADDRESS Poplar Bluff, Mo. | | 23c. DATE SIGNED 6-14-56 | |
|---|--|---------------------------------------|--|---------------------------------|--|

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|---|--|-------------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE June 8, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Parma Cemetery | | 24d. LOCATION (City, town, or county) (State) Parma Mo. | |
|---|--|-------------------------------|--|--|--|--|--|

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|---|--|--|--|---|--|--------------------------|--|
| DATE REC'D BY LOCAL REG. 6/23/56 | | REGISTRAR'S SIGNATURE [Signature] | | FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS Parma Mo. | |
|---|--|--|--|---|--|--------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 25 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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

Carl M. Wathen

Licensed Embalmer No. 4964

P. O. Address Dexter, 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 this body is not embalmed, fact should be so stated above.