

FILED JUL 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22485

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Sweet Springs</u>		d. Is 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 <u>200 WEST RAY STREET</u>				No. STREET ADDRESS (If rural, give location) <u>200 WEST RAY STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>REMBERT</u> c. (Last) <u>ANDERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 1956</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 29, 1875</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper - SELF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN ANDERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET E. REMBERT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. LeLores Brewer - Kansas City, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u>
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 <u>made investigation on June 29, 1956</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:11 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P.L. Lawless M.D. Crown School</u>				23b. ADDRESS <u>Marshall</u>		23c. DATE SIGNED <u>6-30-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 2, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 2, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary Crowley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L.F. Parker Sweet Springs, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0970

7090

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 *L. F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Sweet Springs*

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.