

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23108**

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **4122** Registrar's No. **60**

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

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nixa		c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Clever
d. FULL NAME OF HOSPITAL OR INSTITUTION Nixa Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print) ETHER A. SANDERS			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR (Month) (Day) (Year)	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lewisburg, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME G. D. Sanders	13b. MOTHER'S MAIDEN NAME Tennie Adams	14. NAME OF HUSBAND OR WIFE Kitty C. McAdams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487 24 1974	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kitty Sanders, Clever, Mo.	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, ashenia, 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) Medullary failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) toxemia DUE TO (c) Carcinoma of stomach		
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 151X	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 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 6-24, 1956, to 7-2, 1956, that I last saw the deceased alive on 7-2, 1956, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Declarer or title) Harold Shroff	23b. ADDRESS Nixa, Mo.	23c. DATE SIGNED 7-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24d. LOCATION (City, town, or county) (State) Clever, Missouri
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DATE REC'D BY LOCAL REG. July 12, 1956	REGISTRAR'S SIGNATURE Oliver Hutter	25. FUNERAL DIRECTOR'S SIGNATURE Shean Harris	ADDRESS Clever, Mo.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J. Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleves, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.