

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31445

State File No. 33

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5790 Registrar's No. 33

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Mississippi | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss. | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie | |
| c. LENGTH OF STAY (in this place) 30 yrs. | | d. STREET ADDRESS (If rural, give location) Route 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Box 640 | | | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) Mattie Sanders | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1956 | | |
| 5. SEX Female | | 6. COLOR OR RACE Col. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Mississippi | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | | | | |
|--|--|--------------------------------|--|---|--|
| 13a. FATHER'S NAME Sammy Gray | | 13b. MOTHER'S MAIDEN NAME Unk. | | 14. NAME OF HUSBAND OR WIFE Nelson Sanders | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS, Mo. Nelson Sanders, R. 1, Box 640, East Prairie, | |

| | | | | | |
|--|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic | | II. OTHER SIGNIFICANT CONDITIONS | | | Unknown |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Arteriosclerosis | | | |
| | | DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (c) | | | |

| | | | | | |
|---|--|--|--|--|--|
| 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 Aug. 1, 1956 to Aug 6, 1956 that I last saw the deceased alive on Aug 6, 1956, and that death occurred at 8:45 Am., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Gordon W. Memphis, M.D. East Prairie, Mo. | | 23b. ADDRESS | | 23c. DATE SIGNED 9-25-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 22, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Charleston, Mo. | |

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|----------------------------------|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 10-1-56 | | REGISTRAR'S SIGNATURE Gertrude J. Harper | | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. F. L. Sparks | |
| | | | | ADDRESS Charleston, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

197
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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. This body was not embalmed.

Student
Student Embalmer

Signed W. J. Davis

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.