

FILED NOV 5 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 34572

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 723

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HILLSBORO RURAL (CENTRAL)		c. CITY OR TOWN HILLSBORO	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2500
c. LENGTH OF STAY (in this place) 40 YRS		e. STREET ADDRESS (If rural, give location) 3 Mi W. OF HILLSBORO	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi W. OF HILLSBORO			

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) M. c. (Last) SODAR			4. DATE OF DEATH (Month) (Day) (Year) OCT. 28 1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED; NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 8, 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME MICHAEL WILLIAMS		13b. MOTHER'S MAIDEN NAME ANNA KEARNEY		14. NAME OF HUSBAND OR WIFE F. ANTON SODAR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS F. A. SODAR HILLSBORO RT. 1	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma mita static		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES S. e. tract.		
	DUE TO (b) _____ DUE TO (c) _____		
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	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) 159x
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 **6/23/53**, 19**53**, to **10/28**, 19**56**, that I last saw the deceased alive on **10/28**, 19**56**, and that death occurred at **7 AM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. E. ...		23b. ADDRESS Dr Sato, Mo.		23c. DATE SIGNED 10/29/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 31 1956	24c. NAME OF CEMETERY OR CREMATORY LOCAL CEM.	24d. LOCATION (City, town, or county) (State) CEPAR HILL MO.	
DATE REC'D BY LOCAL REG. 10-30-56	REGISTRAR'S SIGNATURE Olta Burdick	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donnell B. Dietel Sato Mo.		

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

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

APR 18 1958

NOV 3 1956

NOV 8 8 30 AM '57

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.....
Donald B. Stetson

Licensed Embalmer No... 4109

P. O. Address... *Stetson*

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.