

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3556

STATE FILE NUMBER

FILED JAN 31 1957

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Worth County Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Grant City Missouri</u> OR TOWN <u>Grant City Missouri</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Grant City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Outside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>West 3th Street</u> HOSPITAL OR INSTITUTION <u>West 3th Street</u>		d. STREET (If outside, give location) <u>West 3th Street</u> ADDRESS <u>West 3th Street</u> Residence Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Henrietta</u> Middle <u>Jones</u> Last <u>Sanders</u>			4. DATE OF DEATH <u>January-14-1957</u> Month <u>January</u> Day <u>14</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October-4-1868</u> Month <u>October</u> Day <u>4</u> Year <u>1868</u>	9. AGE (In years last birthday) <u>88</u> Months <u>3</u> Days <u>10</u> Hours <u>10</u> Min. <u>10</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>		11. BIRTHPLACE (City and state or country) <u>Worth County Missouri</u>	
13. FATHER'S NAME <u>J. K. Jones</u>			14. MOTHER'S MAIDEN NAME <u>Mahaley Marshall</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Miss Fern Sanders Grant City Missouri</u> Address <u>Grant City Missouri</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <u>MYOCARD CORONARY OCCLUSION</u>		<u>3 MIN</u>
DUE TO (c) <u>ARICULAR FIBRILLATION</u>		<u>4 WEEKS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour <u>8:15</u> a. m. <u>1</u> p. m. <u>1</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Worth</u> COUNTY <u>Worth</u> STATE <u>MO</u>	

21. I attended the deceased from <u>NOV 3 1956</u> to <u>JAN 14 1957</u> and last saw her <u>alive</u> on <u>JAN 14 1957</u> Death occurred at <u>8:15</u> <u>1</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Richard Marshall</u> (Type or print)	22b. ADDRESS <u>Grant City Mo</u>	22c. DATE SIGNED <u>1-16-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 16 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Grant City</u> (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>John Andrews</u> ADDRESS <u>Grant City Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan-25-1957</u>	26. REGISTRAR'S SIGNATURE <u>John E. Dawson</u>	

(Licensed Embolmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John Andrews, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 42

P.O. Address Grant Co

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.