

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1957

State File No. 18177

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>257</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Sedalia</u>		d. 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>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>408 East 11th</u> <u>05070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>VANOZZA</u> c. (Last) <u>SANDERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 5 1892</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee Sany Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>		9. AGE (In years last birthday) <u>65</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo</u>	
13a. FATHER'S NAME <u>Patrick H. Shure</u>		13b. MOTHER'S MAIDEN NAME <u>Vonazza McGuire</u>		14. NAME OF HUSBAND OR WIFE <u>Timothy Sanders</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Timothy Sanders</u>		ADDRESS <u>Sedalia</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, asphyxia, 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>				INTERVAL BETWEEN ONSET AND DEATH <u>See ***</u>			
ANTECEDENT CAUSES <u>***</u>				DUE TO (b) <u>1st Hem.-Apr. 29, 57; 2nd-May 26, 57</u>			
DUE TO (c) <u>Hypertension</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Minute)		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>About</u> , 19 <u>32</u> , to <u>May 26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 26</u> , 19 <u>57</u> , and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Byer M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>May 27, 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-29-57</u>		REGISTRAR'S SIGNATURE <u>Francois Shelby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

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

JUN 7 1957

JUN 6 1 1957

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 *Loque F. Luller*.....

Licensed Embalmer No. *4818*.....

P. O. Address *Seebaldia*.....

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.