

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32570**

FILED SEP 16 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELSBERRY</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY OR TOWN <u>ELSBERRY</u>		d. Is 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>S. Fourth St.</u>				e. STREET ADDRESS (If rural, give location) <u>South Fourth St.</u>			
3. NAME OF DECEASED (Type or Print) <u>ZEDIE SANDERS</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 15, 1890</u>	
9. AGE (In years last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RED-FOLEY, MO</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>RED-FOLEY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>TUP SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE VANCE</u>	
13a. FATHER'S NAME <u>TUP SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE VANCE</u>		14. NAME OF HUSBAND OR WIFE <u>NELLIE SANDERS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR I NO. NOT KNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NELLIE SANDERS - ELSBERRY, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral apoplexy</u>			
				ANTECEDENT CAUSES (b) <u>Arterio Sclerosis</u>			
				II. OTHER SIGNIFICANT CONDITIONS (c) <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>3/5</u> , 19 <u>57</u> , to <u>Aug 9</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Aug 9</u> , 19 <u>57</u> , and that death occurred at <u>4:48 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles M. Tray</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>8/9/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-13-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, MO</u>	
DATE REC'D BY LOCAL REG. <u>9/14/57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Claude Kintz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard ...</u>		ADDRESS <u>Elsberry, Mo.</u>	

SEP 20 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..... *Charles R. [Signature]*

Licensed Embalmer No. 4012

P. O. Address *Elberry*

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.