

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1887

State File No.

| | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>178</u> | | PRIMARY REG. DIST. NO. <u>5662</u> | | Registrar's No. <u>5</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lewis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown, Labelle T.</u> | | c. LENGTH OF STAY (in this place) <u>4 months</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Durham</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prairie View Rest Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0560</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>JANE</u> c. (Last) <u>SANDERS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16 - 1958</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Feb. 28, 1863</u> | | 9. AGE (In years last birthday) <u>94</u> | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
| 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 | | 11. BIRTHPLACE (State or foreign country) <u>Brown Co Ill</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Lorenzo Ballard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hazel Lemen</u> | | | |
| 15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u>NO.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Lemen</u> | | | |
| | | | | ADDRESS <u>109 S. 10th Street Durham, Ill.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney failure</u> | | | | <u>30 days</u> | | | |
| DUE TO (c) <u>Arterio sclerosis</u> | | | | | | | |
| 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? <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) <u>4500</u> | | | |
| 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>Aug 1057</u> , to <u>16 Jan 1958</u> , that I last saw the deceased alive on <u>16 Jan 1958</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>John W. Williams</u> (Degree or title) | | | | 23b. ADDRESS <u>Lewis & Tamm Mo</u> | | 23c. DATE SIGNED <u>18 Jan 58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Jan 19, 1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Durham</u> | | 24d. LOCATION (City, town, or county) (State) <u>1/2 mile N of Durham, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-21-58</u> | | REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball, Jennings, Mo.</u> | | | |
| | | REGISTRAR'S ADDRESS <u>E.L.</u> | | FUNERAL DIRECTOR'S ADDRESS | | | |

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

L. M. Crabell

Signed.....
Student Embalmer

Licensed Embalmer No..... *4905*

P. O. Address..... *Bwing, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.