

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4105

State File No.

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4452 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>	c. LENGTH OF <u>100 yrs</u>	c. CITY OR TOWN <u>Memphis</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0998</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Lizabeth</u> c. (Last) <u>Sanders</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1958</u>
--	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Apr. 12, 1907</u>	9. AGE (In years last birthday) <u>100</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
-----------------	---------------------------	---	---------------------------------------	--	------------------------	----------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work if deceased was engaged in it when retired) <u>house keeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Levi J. Wagner</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Grey</u>	14. NAME OF HUSBAND OR WIFE <u>Culvin Sanders</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wayne W. Wagner</u>	ADDRESS <u>Memphis, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>10 years</u>
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? <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) <u>4201</u>
--	--	--

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 12-18, 1946, to 1-26, 1958, that I last saw the deceased alive on 1-26, 1958, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. McMillan M.D.</u> (Degree or title)	23b. ADDRESS <u>Memphis Mo.</u>	23c. DATE SIGNED <u>1-28-58</u>
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>I-28-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis Mo.</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1-30-58</u>	REGISTRAR'S SIGNATURE <u>Vera G. Purmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Wayne Jones</u>	ADDRESS <u>Memphis Mo.</u>
---	---	--	----------------------------

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

Student.....
Signature of Student Embalmer

Signed *Neal Payne*.....

Licensed Embalmer No *2550*.....

P. O. Address *Memphis*.....

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