

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026402
STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 6187 TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 13yrs	d. STREET ADDRESS Sexton House L.P.C.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hepsie Middle Ann Last Sanders			4. DATE OF DEATH Month Aug Day -3- Year 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov-24-1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 8 Days 9
IF UNDER 24 HRS. Hours Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kenton- Tenn. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Stephen Flowers		13b. MOTHER'S MAIDEN NAME Hepsie Hughes		14. NAME OF HUSBAND OR WIFE Martie L. Sanders	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Martie L. Sanders Caruthersville,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of uterus				INTERVAL BETWEEN ONSET AND DEATH 18 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASHO E CH7 grade IV				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	2
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 Month, Day, Year a.m. p.m. 					
20d. INJURY OCCURRED WHILE AT <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	COUNTY	STATE	
21. I attended the deceased from 6-2-58 to 8-3-58 and last saw her alive on 8-3-58 Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE William J. Annett M.D.		22b. ADDRESS Caruthersville, Mo.		22c. DATE SIGNED 8-6-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-5-1958	23c. NAME OF CEMETERY OR CREMATORY Little Prairie		23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.	
24. FUNERAL DIRECTOR LaForge Und. Co. Caruthersville		ADDRESS	25. DATE RECD. BY LOCAL REG. 8-8-58	26. REGISTRAR'S SIGNATURE Jessie B. Wilke	

All diseases in Part I must be copy-related. **William J. Annett, M.D.** USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Noel C Deau*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*

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.