

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033668
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Lewis & Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>		c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>	
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>513 E. 12th St</u>	
3. NAME OF DECEASED (Type or print) First <u>S a M</u> Middle Last <u>S a N D E R S</u>		4. DATE OF DEATH Month <u>9</u> Day <u>27</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1880</u>
9. AGE (In years (last birthday)) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
11. BIRTHPLACE (City and state or country) <u>Bellevue Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-30-7682</u>	
17. INFORMANT <u>Tessie Moore</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive C.V. disease</u> DUE TO (b) <u>decompensated heart</u> DUE TO (c) <u>443X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs?</u> <u>4 days</u>	
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 <u>9-18-58</u> to <u>9-23-58</u> and last saw her alive on <u>9-18-58</u> Death occurred at <u>12:35 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. W. Cook M.D.</u>		22b. ADDRESS <u>Caruthersville, Mo</u>	
22c. DATE SIGNED <u>9-27-58</u>		23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>9-27-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>	
23d. LOCATION (City, town, or county) (State) <u>Caruthersville, MO</u>		24. FUNERAL DIRECTOR <u>J. Smith Kayh, MO.</u>	
25. DATE RECD. BY LOCAL REG. <u>9-27-1958</u>		26. REGISTRAR'S SIGNATURE <u>Tessie B. Wilke</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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CAROLINEVILLE, MO.

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 *J. Hill*

Licensed Embalmer No. 2627
P. O. Address Wilbourn MO

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.