

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000657

FILED VS JAN 20 1960

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 120 STATE FILE NUMBER \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EVERETT TWP.</u>		Length of stay in lb <u>5 MONS.</u>	c. CITY OR TOWN <u>DREXEL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ROSA BELLE SANDERS</u>			4. DATE OF DEATH Month Day Year <u>JAN. 10 1960</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-24-1891</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>SULLIVAN Co., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CAL HARRELSON</u>		13b. MOTHER'S MAIDEN NAME <u>MYRA</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES MONROE SANDERS</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>NONE</u>		17. INFORMANT Address <u>MRS. JAMES HOCKER DREXEL, Mo</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>CARDIOVASCULAR COLLAPSE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ACUTE</u>
DUE TO (b) <u>CEREBRAL HEMORRHAGE</u>		<u>12-14 Hrs</u>
DUE TO (c) <u>COMPLICATIONS OF DIABETES MELLITIS</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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>1/15/54</u> to <u>1/10/60</u> and last saw <sup>her</sup> <u>live</u> on <u>1/9/1960</u> Death occurred at <u>3:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Ed Marsh D.O.</u>		22b. ADDRESS <u>Drexel, Mo</u>		22c. DATE SIGNED <u>1/11/1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-12-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SHARON CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>DREXEL MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>RUNYAN FUNERAL HOME DREXEL, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Roy Sebree</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Larry S. Israel, Student Embalmer No. 56

working under my personal supervision.

Student Larry S. Israel  
Signature of Student Embalmer

Signed Samuel White

Licensed Embalmer No. 495

P. O. Address Sturbridge

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.