

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007810

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 158

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD TAKE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED APR 7 1961

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in lb 41 Years

c. CITY OR TOWN Poplar Bluff Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 934 Vine St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Emma Middle Alice Last Sanner

4. DATE OF DEATH Month Mar. Day 24 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 1/17/1878 9. AGE (last birthday) 83

IF UNDER 1 YEAR Months 2 Days 07 IF UNDER 24 HR Hours 00 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Carter County, Mo 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Peter Bramer 13b. MOTHER'S MAIDEN NAME Lucy O'Dell 14. NAME OF HUSBAND OR WIFE Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 17. INFORMANT Ralph Sanner, Poplar Bluff, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
DUE TO (b) Gen. Arteriosclerosis
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 3-24-61 to 3-24-61 and last saw her/him alive on 3-24-61
Death occurred at 8:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John R. Longland, M.D. 22b. ADDRESS Poplar Bluff, Mo 22c. DATE SIGNED 3-31-61

23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial 23b. DATE 3/26/1961 23c. NAME OF CEMETERY OR CREMATORY City 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff, Mo. 25. DATE REC'D BY LOCAL REG. 4/1/61 26. REGISTRAR'S SIGNATURE R. Sanner

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 Edgar W. Taffoon
Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

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.