

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009431

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 47

STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City MINERAL TWP. 1 MO.</u>		c. CITY OR TOWN <u>Milker</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Edmhurst Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>Milker</u>	

3. NAME OF DECEASED (Type or print) First <u>Ellen</u> Middle <u>Mae</u> Last <u>Sanders</u>			4. DATE OF DEATH Month <u>3</u> Day <u>14</u> Year <u>1961</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</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>5-23-1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Dade Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>George Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Ebenedy Fair</u>	14. NAME OF HUSBAND OR WIFE <u>Deceaser</u>
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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 <u>Mrs. Berlet Hunter Milker Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Pneumonia Bil</u>		<u>72 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized Atherosclerosis</u>	<u>5 yrs</u>
	DUE TO (c)	

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	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
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21. I attended the deceased from <u>June 18-60</u> to <u>March 14-61</u> and last saw her alive on <u>March 12-61</u> Death occurred at <u>3:25</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Lewis H. Johnson M.D.</u>	22b. ADDRESS <u>201 Med. Bldg. Joplin Mo</u>	22c. DATE SIGNED <u>3-16-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-15-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fanna bono</u>	23d. LOCATION (City, town, or county) (State) <u>N. of Milker Mo.</u>
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24. FUNERAL DIRECTOR <u>Norman Seiman Milker Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-17-61</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Sirtzer</u>
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DATE AMENDED

PREPARED BY

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILE NO. SHOULD READ

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 *H. P. Seeman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.