SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016225
STATE FILE NUMBER

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 33

FILED MAY 3 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston — Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas County Memorial Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Mountain Grove — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 518 South Main Street — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First RHODA Middle B. Last SANDERS

4. DATE OF DEATH Month April Day 18, Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/30/1894
9. AGE (last birthday) 66 Years — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Richville, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Vance Price
13b. MOTHER'S MAIDEN NAME Clementine Chattman
14. NAME OF HUSBAND OR WIFE Walter Sanders

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 Address Walter Sanders - Mtn.Grove, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 4 days
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) Obstructive lesion transverse colon
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 1955, to April 17th 1961 and last saw her/him alive on April 17th 1961
Death occurred at 5:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Garrett Legg Jr
22b. ADDRESS Calvol, Mo
22c. DATE SIGNED 4/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/21/1961
23c. NAME OF CEMETERY OR CREMATORY Plesant Hill Cemetery
23d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri

24. FUNERAL DIRECTOR ADDRESS Barber Funeral Home - Mtn.Grove, Mo
25. DATE RECD. BY LOCAL REG. 4-26-61
26. REGISTRAR'S SIGNATURE Myrtie Craig M.S.

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3161

P. O. Address [illegible]

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.