

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-81-041609

STATE FILE NUMBER

Registration District No. 176 Primary Registration District No. 5-646 Registrar's No. 17

AMENDED

FILED NOV 27 1961

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaRussell Route 1		Length of stay in 1b	c. CITY OR TOWN LaRussell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frankie Middle T. Last Sanders			4. DATE OF DEATH Month 11 Day 11 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-2-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days 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 Housework	11. BIRTHPLACE (City and state or country) Lebanon, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Casey		13b. MOTHER'S MAIDEN NAME Mary -----		14. NAME OF HUSBAND OR WIFE Nolan H. Sanders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Nolan H. Sanders LaRussell, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Valvular heart disease DUE TO (b) chronic inflammation of heart valves DUE TO (c) of heart valves 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"/> N. <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.					
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 Sept. 15, 11-11-1961 to 11-11-1961 and last saw her alive on 11-9-1961 Death occurred at 4 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. S. Burney M.D.			22b. ADDRESS Miller, Mo		22c. DATE SIGNED 11-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-16-1961	23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery		23d. LOCATION (City, town, or county) (State) Near Marshfield Mo.	
24. FUNERAL DIRECTOR H.D. Fossett		ADDRESS Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 11-13-61	26. REGISTRAR'S SIGNATURE W. S. Burney

DATE AMENDED

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

DEC 8 1961

DEC 5 1961

NOV 28 1961

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 W.D. Hassett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon

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.