

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007868

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 270 Primary Registration District No. 5908 Registrar's No. 10

VS 300
Rev. 4/59

2780

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DATE AMENDED

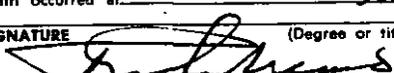
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 25 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pemiscot</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little Prairie</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Little Prairie</u>		Length of stay in 1b <u>10 years</u>		c. CITY OR TOWN <u>Rt. 2, Steele,</u>	
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION <u>North of Micola</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2,</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Lee SANDERS</u>		4. DATE OF DEATH Month Day Year <u>February 19, 1963</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-2-1907</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>17</u> Hours <u></u> Min. <u></u>
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 <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Fulton, Ky</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>Hallie Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Buck Sanders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates) <u>NO</u>		17. INFORMANT Address <u>Buck Sanders, Rt.2, Steele, 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>Cerebral Embolism & Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>undeter</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension & arteriosclerosis</u>					<u>undeter</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	
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. 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 <u>2/17/63</u> to <u>2/19/63</u> and last saw her ^{her} _{imm.} alive on <u>2/19/63</u> Death occurred at <u>3:00 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) 			22b. ADDRESS <u>Caruthersville, Missouri</u>		22c. DATE SIGNED <u>2-19-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-22-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Steele, Missouri.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>John W. German Funeral Home, Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-19-63</u>	26. REGISTRAR'S SIGNATURE 		

USE BLACK INK OR TYPEWRITER RIBBON

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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 Jimmy L. Brown

Licensed Embalmer No. 57204

P. O. Address Hoyts, Md

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.