

FILED MAR 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7181

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY <u>Nevada</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nevada</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>106</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		d. STREET ADDRESS (If rural, give location) <u>1249 N. Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1249 N. Main</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1249 N. Main Street</u>			
3. NAME OF DECEASED (Type or Print) <u>Jacob Saunders</u>		b. (First) <u>Saunders</u>		c. (Last) <u>SAUDERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 15 1873</u>	
9. AGE (In years last birthday) <u>76</u>		10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer (Retired)</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mildred Martin</u>		ADDRESS <u>Nevada</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Heart Disease</u>				?	
		DUE TO (c) <u>Arteriosclerosis</u>				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada, Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>June 16, 1948</u> to <u>Feb 16, 1949</u> , that I last saw the deceased alive on <u>Feb 16, 1949</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. Miller, M.D.</u>				23b. ADDRESS <u>Nevada, Mo</u>		23c. DATE SIGNED <u>2/21/49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deerwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>	
DATE REC'D BY LOCAL REG <u>Feb. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>W. H. Yancey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen T. Kaye</u>		ADDRESS <u>Nevada, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

District File Number 1-49-13

Date Filed 2-28-49

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
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada 5M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.