

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11649

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 135

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7  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>	
b. CITY OR TOWN <u>POPLAR BLUFF</u>	c. LENGTH OF STAY (in this place) <u>11 DAYS</u>	c. CITY OR TOWN <u>HARVIELL</u>	0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUCK LEE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location)	0

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DANIEL</u>	b. (Middle) <u>WADE</u>	c. (Last) <u>SANDERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-5-1870</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months <u>0</u> Days <u>7</u>	# UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>CHARLESTON MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>DAVID SANDERS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BAKER</u>	14. NAME OF HUSBAND OR WIFE <u>LYDIA SANDERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	(If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE SANDERS</u>	ADDRESS <u>HARVIELL MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BILATERAL BRONCHOPNEUMONIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>491X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>POPLAR BLUFF BUTLER MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-3 1949, to 4-12, 1949, that I last saw the deceased alive on 4-12, 1949, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. McPheters, Jr.</u> (Degree or title) <u>M.D. ( )</u>	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>4-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DUNNING CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ROUTES 5, POPLAR BLUFF, MO.</u>
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DATE REC'D BY LOCAL REG. <u>April 15, 1949</u>	REGISTRAR'S SIGNATURE <u>W. H. Johnson</u>	428 <u>W. H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. J. Selig, Jr.</u>	ADDRESS <u>Black's Mortuary, Corning</u>
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APR 25 REC'D

BUTLER COUNTY HEALTH CENTER

449-60

4-25-49

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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.

Signed.....

*Roman J. Selig Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *562*

P. O. Address *Corning, Ark*

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