

FILED SEP 22 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31362

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

BIRTH NO.		REG. DIST. NO. 276	PRIMARY REG. DIST. NO. 5944	Registrar's No. 44
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Tarrant		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dossin Twp		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dallas 41
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 4220 DE Lee St		
3. NAME OF DECEASED (First) ROBERT		b. (Middle) H.		c. (Last) SANDERS
4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1949		5. SEX M		
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb 28 - 1928
9. AGE (In years) (Months) (Days) (Hours) (Min.) 21 6 16		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer Fur		10b. KIND OF BUSINESS OR INDUSTRY M'Donald cup
11. BIRTHPLACE (State or foreign country) Dallas Texas		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME Robert H Sandley		13b. MOTHER'S MAIDEN NAME Mildred Bell		14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Robert H Jewell Dallas Texas
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* Compound fractures of skull Compound fractures of leg Systemic embolism Blunt trauma		INTERVAL BETWEEN ONSET AND DEATH 8866 39
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) St. James Phelps Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. James Phelps Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 14, 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Blunt trauma
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE S. L. Jewell, Registrar		23b. ADDRESS Dallas Mo		23c. DATE SIGNED 9-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-49		24c. NAME OF CEMETERY OR CREMATORY Luna Hill Cemetery
24d. LOCATION (City, town, or county) (State) Dallas Texas		25. FUNERAL DIRECTOR'S SIGNATURE Cecil E. Lickliter		
DATE REC'D BY LOCAL REG Sept. 17, 49		REGISTRAR'S SIGNATURE Cara E. Birmingham		ADDRESS St. James Mo

RECEIVED

Phelps County Health Officer,

County File Number _____

9-20-49

5761
OCT 1 1949
SEP 26 1949

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 _____

Carl G. Glenn

Signed _____

Student Embalmer

Licensed Embalmer No. 4707

P. O. Address St. James, Mo.

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.