

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34695

State File No.

FILED NOV 4 1949

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Buffalo</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>RFD Louisiana</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>In Salt River</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEM</u>		b. (Middle)	
c. (Last) <u>SANDERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 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>July 13, 1887</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 4 HRS. Days <u>3</u> Hours Min.
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>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Lewistown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Isaac Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Marvel Sanders</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bill Reineking--Louisiana, Missouri</u>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Drowning</u>		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) <u>Boat turned over</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>E850</u>	
Conditions contributing to the death but not related to the disease or condition causing death.				<u>42</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in Salt River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Louisiana Pike Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 16 1949 1:50 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Boat turned over - Q J</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>deceased on Oct 16, 1949</u> , and that death occurred at <u>12:50 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. B. Mudd</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Boonville, Mo.</u>	
23c. DATE SIGNED <u>Oct-16-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/21.49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 21, 1949</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home-Louisiana, Mo.</u>	
				ADDRESS	

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

82
0
0

FEB 14 1950
0561 41

FEB 17 1950

RECEIVED OCT 31 1949
District Health Officer No. 10
District File Number 10-49-1836
Date Filed OCT 31 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.

Student
Student Embalmer

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.