

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5549
State File No.

BIRTH NO. 9271-50 REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 4366 Registrar's No. 8

7730
6

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby 0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	
3. NAME OF DECEASED a. (First) <u>Durrell</u> b. (Middle) <u>S.</u> c. (Last) <u>SANDERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 16 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-16-1950</u>
9. AGE (In years last birthday) <u>Infant 16</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Granby, Mo. 10</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Eugene Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Rose</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Sanders</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Stenosis of Newborn</u> INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Premature</u> DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Feb. 15, 1950</u> , to <u>Feb. 16, 1950</u> , that I last saw the deceased alive on <u>Feb. 16, 1950</u> , and that death occurred at <u>1:25 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Chas. O. Christy, D.O.</u>		23b. ADDRESS <u>Granby, Mo.</u>	
23c. DATE SIGNED <u>2-23-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>2-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Hairreus Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Shewrite</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 25, 1950</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Granby</u>		26. (Licensed Embalmer's Statement on Reverse Side)	

RECEIVED

District Health Officer No. Newton Co. Health Dept
District File Number 250-52
Date Filed FEB 28 1950

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 G E Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.