

FILED OCT 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31243

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Caruthersville</u>		c. LENGTH OF STAY (In this place or township) <u>18yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u> <u>0767</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 East 14th. St.</u>				d. STREET ADDRESS (If rural, give location) <u>404 East 14th. St.</u> <u>1050</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aaron</u>		b. (Middle) <u>Jason</u>		c. (Last) <u>Sanders</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 4 26 1950</u>	
5. SEX <u>Male 2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>		8. DATE OF BIRTH <u>Feb. 4, 1885</u>		9. AGE (In years) (If under 1 year: Months) (If under 24 hrs. Hours) (Min.) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A.M.E. Church</u>		11. BIRTHPLACE (State or foreign country) <u>Milan, Tennessee</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Church Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Dana</u>		14. NAME OF HUSBAND OR WIFE <u>S.J. Sanders</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S.J. Sanders</u> <u>404 E. 13th. St. C'ville, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized toxemia & uraemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteoarthritis &</u> <u>Decubitus ulcers</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>2 yrs</u> <u>2 mos.</u> <u>71.5X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____					
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>Caruthersville Pemiscot Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from <u>Sept 17, 1950</u> , to <u>Sept 26, 1950</u> , that I last saw the deceased alive on <u>Sept 17, 1950</u> and that death occurred at <u>2:30P m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>D.W. Cook M.D.</u> (Degree or title)				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>9-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>Oct. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-2-1950</u>		REGISTRAR'S SIGNATURE <u>Leslie B. Weeks</u> <u>247</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home 808 Ward Ave. Caruthersville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10-50-260

OCT 2 1950

OCT 20 1950

OCT 5 1950

S. B. Beecher, M. D.,
Peniscot County Health Department,
Caruthersville, Missouri

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 Robert W. McDraw

Signed _____
Student Embalmer

Licensed Embalmer No. 4732

P. O. Address Caruthersville, 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.