

FILED JAN 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41546

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5802 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY <b>Monroe County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby Co. 1020</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maude</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Maude Mo.</b>	
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles Henry</b> b. (Middle) <b>Sanders</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>12-24-1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-4-1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Monroe Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John H. Sanders</b>	13b. MOTHER'S MAIDEN NAME <b>Effie McKinney</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Sanders</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-34-9822</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth Sanders, Clarence, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>About 3 yrs.</b>
	II. 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"/>
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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)
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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 2, 1950, to 2, 1950, that I last saw the deceased alive on 2, 1950, and that death occurred at 10:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Quessell W. Nelson Coronar 3</b>	23b. ADDRESS <b>Monroe City Missouri</b>	23c. DATE SIGNED <b>12/24/1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-27-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ft. Madison Ia.</b>	24d. LOCATION (City, town, or county) (State) <b>Ft. Madison, Ia.</b>
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DATE REC'D BY LOCAL REG. <b>12-30-50</b>	REGISTRAR'S SIGNATURE <b>Anne M. Bouditt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkeley-Hawkins, Shelbina, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

690

MAY 7 1952

JAN 26 1951  
JAN 29 1951

Date Received: JAN 4 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-57-8  
Date Filed: JAN 10 1951

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 \_\_\_\_\_

*W. Hawkins*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

3498  
*Shelburne - Vt.*

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.