.S. No. 300
Rev. 10-48

0460
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FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12420

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5552 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lanton
c. LENGTH OF STAY (in this place): 3mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: HOWELL ~~Missouri~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koshkonong, Rural 0460
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): BERLIN
c. (Last): SANDERS

4. DATE OF DEATH (Month) April (Day) 23, (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March 27, 1912
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months 0, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Moko, Ark. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Elic Sanders
13b. MOTHER'S MAIDEN NAME: Ettie Hammonds
14. NAME OF HUSBAND OR WIFE: Nellie Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-14-4858
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nellie Sanders — ADDRESS: Koshkonong, Mo.

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) Multiple Skull Fractures

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head Crushed by a
DUE TO (c) Falling Tree.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E9103 / 11

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 046
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At work in Timber
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Lanton - Howell - Mo.
21d. TIME OF INJURY (Month) Apr (Day) 23 (Year) 1951 (Hour) P.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Falling Tree washed his Head.

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:25P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. Coroner
23b. ADDRESS: Howell Co. West Plains, Mo.
23c. DATE SIGNED: 1 May '51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: April 25, 1951
24c. NAME OF CEMETERY OR CREMATORY: State Line
24d. LOCATION (City, town, or county) (State): Moko, Arkansas

DATE REC'D BY LOCAL REG.: 5-4-51
REGISTRAR'S SIGNATURE: Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] — ADDRESS: Thayer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 7 1951

Dist. File 551-988

Date Filed 5-8-51

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 Leland Carter

Licensed Embalmer No. 4516

P. O. Address Thayer 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.