

FILED JUL 10 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19671

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL (CHARITON)</b> c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL CHARITON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 MILE NO. FOREST GREEN</b>		d. STREET ADDRESS (If rural, give location) <b>1 MILE NO. FOREST GREEN 0210</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JULIUS</b>	b. (Middle) <b>F.</b>	c. (Last) <b>SANDERS</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>JUNE 19, 1951</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>MAR. 12, 1878</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (State or foreign country) <b>FOREST GREEN MO U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>CHARLIE SANDERS</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISE FREESE</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA GESSLING</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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Anna Sanders Forest Green</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Prostate - metastatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr +</b>
	ANTECEDENT CAUSES As for conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterio - Sclerosis -</b>		<b>?</b>

19a. DATE OF OPERATION <b>1-13-1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Prostate</b>	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) (Min.)	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 **Aug 19, 1949** to **June 19, 1951**, that I last saw the deceased alive on **3-10, 1951**, and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Sanders M.D.</b> (Degree or title)	23b. ADDRESS <b>Glasgow Mo</b>	23c. DATE SIGNED <b>6-20-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JUNE 22 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salmon Lutheran Forest Green Mo</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>7-2-1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Glasgow</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 7 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-1227  
Date Filed: JUL 7 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *J. Walker Audsley*  
Licensed Embalmer No. *3336*

P. O. Address *Glasgow Me*

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.