

FILED JUL 6 - 1951

# STANDARD CERTIFICATE OF DEATH

State File No. **19672**

BIRTH NO. 42746-51 REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 18

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Chariton</b>		<b>2. USUAL RESIDENCE</b> (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) OR TOWN <b>Brunswick</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brunswick</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>RONALD</b> b. (Middle) <b>Harry DEAN</b> c. (Last) <b>SAUNDERS</b>		<b>4. DATE OF DEATH</b> (Month) <b>6</b> (Day) <b>2</b> (Year) <b>1951</b>	
--	--	--	--

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Col.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>6/1/1951</b>	<b>9. AGE</b> (In years, last birthday) <b>8</b> <b>MONTHS</b> <b>0</b> <b>DAYS</b> <b>0</b>
------------------------------	--	--	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Brunswick, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
---	---	--	---

<b>13a. FATHER'S NAME</b> <b>Harry Lee Saunders</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna C. Jourdan</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>XX</b>
--	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Harry L. Saunders</b>	<b>ADDRESS</b> <b>Brunswick, Mo.</b>
--	---	--	---

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b> <b>6 hours</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Fetal Dystocia in childbirth</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Anoxia</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>No attending Physician in 1st 9 24 Stages of Labor</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>7610</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	--	---

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>7610</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
--	---	-----------------------------------

**22. I hereby certify that I attended the deceased from June 1, 1951, to June 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 2 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Shouer C. Rice M.D.</b>	<b>(Degree or title)</b>	<b>23b. ADDRESS</b> <b>Brunswick Mo</b>	<b>23c. DATE SIGNED</b> <b>29 June 51</b>
---	--------------------------	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 2nd. 51</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Colored Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Brunswick, Missouri</b>
---	---	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>6-4-1951</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Richard Baine</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>L. Marsil</b>	<b>ADDRESS</b> <b>Brunswick Mo</b>
--	--	---	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 757-1821  
Date Filed: JUL 5 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 L. M. Weisell  
.....

Licensed Embalmer No. 823

P. O. Address Brunswick

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.