

FILED JUL 12 1951

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

19738

State File No. \_\_\_\_\_  
Registrar's No. 175

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 301.6

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>617 Linn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James B.</u>	b. (Middle) _____	c. (Last) <u>Saunders</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED NEVER MARRIED <u>Married</u> DIVORCED (Specify)	8. DATE OF BIRTH <u>June 10, 1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (The kind of work during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lincoln St.</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James Saunders</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Bluma</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Saunders</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch) <u>No</u>	16. SOCIAL SECURITY NUMBER <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Saunders</u>	ADDRESS <u>617 Linn</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 W.P.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 JUNE, 1950, to 26 JUNE, 1951, that I last saw the deceased alive on 26 JUNE, 1951, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James G. Miller M.D.</u>	23b. ADDRESS <u>227 Jefferson St. Jefferson, Mo.</u>	23c. DATE SIGNED <u>29 JUNE 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>June 29 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ingrian</u>	24d. LOCATION (City, town, & county) (State) <u>Cole County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 9-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>	ADDRESS <u>717 Jefferson</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 7-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-11-51 \_\_\_\_\_

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**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 J. A. Anderson \_\_\_\_\_

Licensed Embalmer No. 3641 \_\_\_\_\_

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

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.