

10.300
0.48

FILED AUG 3 1951

THE DIVISION OF DEATH RECORDS
STANDARD CERTIFICATE OF DEATH

State File No. **21915**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 205	
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair			
b. CITY OR TOWN MARKSVILLE		c. LENGTH OF STAY (In this place) 5 MONTHS		c. CITY OR TOWN Marksville		1013	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) LAMONTE		a. (First) RAYMOND		b. (Middle) SAXBURY		c. (Last)	
4. DATE OF DEATH		(Month) 7		(Day) 23		(Year) 51	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-12-1899	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSINESS MAN		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME WILLIAM MASON SAUNDERS		13b. MOTHER'S MAIDEN NAME MINNIE KEPTINE		14. NAME OF HUSBAND OR WIFE STELLA SAXBURY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) Yes World War I Oct 10, 1915		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Stella Saxbury ADDRESS Marksville, Mo.			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) DEC 17, 1951		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH abt. 1 hr.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES DUE TO (b) Coronary artery heart disease				3 yrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage				6 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from May 20, 1951 , to July 23, 1951 , that I last saw the deceased alive on July 21, 1951 , and that death occurred at 12:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. P. Hudson M.D.				23b. ADDRESS Marksville, Mo.		23c. DATE SIGNED 7-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 25-51		24c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery		24d. LOCATION (City, town, or county) (State) Queen City, Missouri	
DATE REC'D BY LOCAL REG. 7-24-51		REGISTRAR'S SIGNATURE Walter Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Frank S. Cook		ADDRESS Queen City, Mo.	

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

Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 851-1
Date Filed: AUG 2 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 *Jack H. Dooly*

Licensed Embalmer No. 4619

P. O. Address *Over City 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.