

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1951

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>4264</u>		Registrar's No. <u>511</u>			
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u>				b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union</u>		c. LENGTH OF STAY (In this place) <u>24 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union</u>		0532			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conway Rt 1</u>				d. STREET ADDRESS (If rural, give location) <u>Conway Rt 1</u>				0	
3. NAME OF DECEASED a. (First) <u>Louis</u>			b. (Middle) <u>J</u>		c. (Last) <u>Sanders</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan 23, 1927</u>		9. AGE (In years last birthday) <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede county MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Howard B. Sanders</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie Moffatt</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no. or unknown) (If yes, give year or dates of service) <u>yes World War II</u>		16. SOCIAL SECURITY NO. <u>790-282778</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warren Sanders</u>				ADDRESS <u>Tulsa Okla</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot with 22 Rifle</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>053</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede MO.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 24, 1951 8p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted 22 rifle wound</u>					
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 <u>8 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard S. Palmer coroner</u>				23b. ADDRESS <u>Lebanon, Mo.</u>			23c. DATE SIGNED <u>7-25-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Thicket Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-28-1951</u>		REGISTRAR'S SIGNATURE <u>Hella S. Mayo</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon, Mo.</u>		

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

AUG 4 1951

Received

Laclede County Health Unit

File No. 851-104

Date Filed AUG 7 1951

AUG 24 1951

1951 8 9 96

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 J B Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.