

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37553

State File No. \_\_\_\_\_

4927

FILED DEC 1 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>65 years</u>		d. STREET ADDRESS (If rural, give location) <u>812 East 48 Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>812 East 48 Street</u>		e. STREET ADDRESS <u>812 East 48 Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pellivan</u> b. (Middle) <u>Douglas</u> c. (Last) <u>Sanders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Sept 27 1884</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WATCHMAN</u>		11. BIRTHPLACE (State or foreign country) <u>Lees Summit Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JAMES R SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIA COY</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE SANDERS</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-05-7588</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS FLORENCE SANDERS</u>	
				ADDRESS <u>812 E 48 St. Mo</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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic Carcinoma, left</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advanced</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>10-4</u>	

19a. DATE OF OPERATION <u>5/18/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Advanced Ca of Upper lung, non-resectable</u>				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)	
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?	

22. I hereby certify that I attended the deceased from 5-6, 1951, to 5-30, 1951, that I last saw the deceased alive on 5-20, 1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Mayer Jr.</u> (Degree or title)		23b. ADDRESS <u>618 Poppley, Kansas City, Mo</u>		23c. DATE SIGNED <u>11/16/51</u>	
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24a. BIRTH, CREMATION (REMOVAL) (Specify)		24b. DATE <u>Nov 17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lees Summit Mo</u>	
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DATE REC'D BY LOCAL REG. <u>11-17-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>		ADDRESS <u>Lawrence, Kansas City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Raymond H. Stevenson*

Licensed Embalmer No. *4266*

P. O. Address *Kansas 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.