

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hermann</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hermann</u> <u>0311</u>	
c. LENGTH OF STAY (in this place) <u>7</u> years		d. STREET ADDRESS (If rural, give location) <u>133 E. Second St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>133 E. Second St</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ORVIS</u>	b. (Middle) <u>ELI</u>	c. (Last) <u>SANDERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 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 22-1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--	--	--	--

13a. FATHER'S NAME <u>Eli Sanders</u>	13b. MOTHER'S MAIDEN NAME <u>Susan McCarthy</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Sanders</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-10-9958</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ruth Sanders, Hermann, 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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER OF LUNGS</u>		
	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.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>163X</u>	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 1/15, 1951, to 12/17, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. G. Rhoads M.D.</u> (Degree or title)	23b. ADDRESS <u>Hermann Mo</u>	23c. DATE SIGNED <u>12/17/51</u>
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann Mo</u>
---	---------------------------	---	---

DATE RECD BY LOCAL REG. <u>12/18/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hermann, Mo</u>
---	--	--

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 31 1951

RECEIVED

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 _____

August Pleunel

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.