

JAN 21 1952

STANDARD CERTIFICATE OF DEATH

State File No. **467**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5164** Registrar's No. **13**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South Fulton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1111 North Vine	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. edge of Fulton Hwy 54			

3. NAME OF DECEASED (Type or Print)	a. (First) Marie	b. (Middle) Glenn	c. (Last) Sanders	4. DATE OF DEATH (Month) (Day) (Year) Jan. 13 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April, 10, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR (Months) 9	IF UNDER 24 HRS. (Days) 3	IF UNDER 12 HRS. (Hours) 	IF UNDER 1 MIN. (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Trimble, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Sterling Price Newman	13b. MOTHER'S MAIDEN NAME Hattie Rupe	14. NAME OF HUSBAND OR WIFE Frank O. Sanders
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Patti McCullough, Kansas City,	ADDRESS
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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, asthma, 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) Died of injuries sustained in auto auto Callaway		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto auto Callaway DUE TO (c) earlier		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 (Specify) SLIP ON PORCH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about Mr S Fulton	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Twp Callaway Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Jan 13 1952 4:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto ball
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE M.R. Garrett Coover (Degree or title)	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 1/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-16-1952	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Mo.
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DATE REC'D BY LOCAL REG. Jan-14-1952	REGISTRAR'S SIGNATURE Muretha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE Hallock Funeral Home ADDRESS Fulton Mo.
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MAY 6 1955

MAR 17 1953

MAY 11 1953

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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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Md.

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.