

JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1934
39

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5070 Registrar's No. 39

0060

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Milford Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Milford Twp</u>	
c. LENGTH OF STAY (In this case) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>Lamar # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lamar # 3</u>			

3. NAME OF DECEASED a. (First) <u>Wm</u> b. (Middle) <u>Walter</u> c. (Last) <u>Sanders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-52</u>		
--	--	--	--	--	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>6-4-74</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins.	
--------------------	-------------------------------	---	--------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Rade Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Moses Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Holmes</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu Sanders</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>2</u>		16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chester Sanders Sarcoxie 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			19. INTERVAL BETWEEN ONSET AND DEATH <u>4 CO</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic heart insufficiency</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age</u> 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	19b. MAJOR FINDINGS OF OPERATION	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) <u>LAMAR Barton Mo</u>
--	--	--

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 2, 1952, to June 14, 1952, that I last saw the deceased alive on June 14, 1952 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Guedner</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>L A M A R</u>	23c. DATE SIGNED <u>6-20-52</u>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcoxie Mo</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>JUN 23 1952</u>	REGISTRAR'S SIGNATURE <u>Marie Korank Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sons Sarcoxie Mo</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm A. Jackson

Licensed Embalmer No. 3954

P. O. Address Lanseria 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.