

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2262

State File No.

FILED JAN 24 1953

BIRTH NO.

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 3046 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Co Walker		c. LENGTH OF STAY (in this place) 34 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		0681			
d. FULL NAME OF HOSPITAL OR INSTITUTION 604 S. East St.				d. STREET ADDRESS (If rural, give location) 604 S. East St. California, Mo					
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) Lee		c. (Last) Sanders		4. DATE OF DEATH (Month) (Day) (Year) Jan 1 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 12 1876		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 20	IF UNDER 24 HRS. Hours Mn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroder		10b. KIND OF BUSINESS OR INDUSTRY Section Hand		11. BIRTHPLACE (State or foreign country) Cole Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Sanders			13b. MOTHER'S MAIDEN NAME UnKnown		14. NAME OF HUSBAND OR WIFE Bettie Ann Sanders				
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. 702-14-4754		17. INFORMANT'S SIGNATURE OR NAME Oscar P. Spinks ADDRESS Clarkshury Mo					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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. 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) California Moniteau MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1, 1940, to Jan 1, 1953, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 3 A. M., from the causes and on the date stated above.									
23a. SIGNATURE D. J. Bowen D.O.				23b. ADDRESS California, Mo		23c. DATE SIGNED 1/2/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/3/53	24c. NAME OF CEMETERY OR CREMATORY CoSappingtonCemt		24d. LOCATION (City, town, or county) (State) Clarkshury, Mo				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1-15-53		REGISTRAR'S SIGNATURE H. Pope		FUNERAL DIRECTOR'S SIGNATURE Earl Bardin		ADDRESS California			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1953

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

Eugene Franklin

Signed.....
Student Embalmer

Licensed Embalmer No. *2126*

P. O. Address *California*

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.