

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1953

State File No. 4520

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6104 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY STODDARD			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY STODDARD		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - RICHLAND TOWNSHIP		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1030 RURAL - RICHLAND TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. S.W. OF MOREHOUSE, Mo.			d. STREET ADDRESS (If rural, give location) 3 mi. S.W. OF MOREHOUSE, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) (NMN)		c. (Last) SANDERS	
4. DATE OF DEATH (Month) (Day) (Year) JAN. 24 1953		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 17 1864		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 88 9 7 - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) CAPE COUNTY, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLIE SANDERS		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MARY ELLEN 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. NONE	
17. INFORMANT'S SIGNATURE OR NAME FRED SANDERS		ADDRESS MOREHOUSE, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 331X		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)	
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 12-1 1952 to 1-24 1953 , that I last saw the deceased alive on 1-24 1953 , and that death occurred at 4:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. M. Davis, M.D.		(Degree or title)		23b. ADDRESS Morehouse, Mo.	
23c. DATE SIGNED 1-24-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 26 1953	
24c. NAME OF CEMETERY OR CREMATORY LIGHTNER CEMETERY		24d. LOCATION (City, town, or county) (State) ILLMO, Missouri		DATE REC'D BY LOCAL REG. Jan 27 1953	
REGISTRAR'S SIGNATURE Rose Wehner		3 P.F. - 6		25. FUNERAL DIRECTOR'S SIGNATURE L. C. Singlinghoff	
ADDRESS Morehouse, Mo.		(Licensed Embalmer's Statement on Reverse Side)			

1030
1

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Jack L. Swannett

Licensed Embalmer No. 4473

P. O. Address Chapel Hill, N.C.

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.