

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5414 Registrar's No. 10

1. PLACE OF DEATH
 a. COUNTY Douglas
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Washington c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Douglas
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural, Washington d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) George b. (Middle) F. c. (Last) Sanders
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) 2-12-53

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** 9-14-59 **9. AGE** (In years last birthday) (Months) (Days) (Hours) (Min.) 92-73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming **10b. KIND OF BUSINESS OR INDUSTRY** Own farm **11. BIRTHPLACE** (City and State or Foreign Country) Sercey County, Arkansas **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Lydge Sanders **13b. MOTHER'S MAIDEN NAME** Jane Moore **14. NAME OF HUSBAND OR WIFE** Celestia Hart Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Susan Sanders **ADDRESS** Ava, 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1720s Pneumonia
 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 _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 1, 1952 to 2-10, 1953, that I last saw the deceased alive on 2, 1953, and that death occurred at 6: A. M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Gentry **23b. ADDRESS** Ava Mo **23c. DATE SIGNED** _____

24a. BURIAL, CREMATION, REMOVAL Burial **24b. DATE** 2-15-53 **24c. NAME OF CEMETERY OR CREMATORY** Uniongrove **24d. LOCATION** (City, town, or county) (State) Roy, Missouri

DATE REC'D BY LOCAL REG. 2-27-53 **REGISTRAR'S SIGNATURE** Wesley Bushman **25. FUNERAL DIRECTOR'S SIGNATURE** 840 Clinkingbeard **ADDRESS** Funeral Home, Ava, Mo

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

0340

0340

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Rva, Ma.

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.