

FILED MAR 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5559

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	c. LENGTH OF STAY (In this place) <u>2 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neal Nursing Home - 1411 Main</u>		d. STREET ADDRESS (If rural, give location) <u>1501 Tindall Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>RUFUS</u>	a. (First) _____ b. (Middle) <u>J.</u> c. (Last) <u>SANDERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 6, 1886</u>	9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>66</u> <u>9</u> <u>20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Near Harris, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Jacob M. Sanders</u>	13b. MOTHER'S MAIDEN NAME <u>Mary King</u>	14. NAME OF HUSBAND OR WIFE <u>Tobitha Jakson</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>459-36-1126</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tobitha Sanders</u> ADDRESS <u>Trenton Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3/21, 1951, to Feb 26, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Clark, M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton, Mo.</u>	23c. DATE SIGNED <u>3/27/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harris, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-28-53</u>	REGISTRAR'S SIGNATURE <u>Jeanne Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald H. Slater</u> ADDRESS <u>Trenton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 11 1958

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.

Signed \_\_\_\_\_

*Joseph A. Slater*

Licensed Embalmer No. \_\_\_\_\_

4467

P. O. Address Trenton, Mo.

Signed \_\_\_\_\_

Student Embalmer

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.