

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13955**

FILED MAY 4 1953		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 4215	Registrar's No. 112
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brownington, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brownington 0420
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED a. (First) John		b. (Middle) Hardin		c. (Last) Sanders
4. DATE OF DEATH April 27 1953		5. SEX Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 21, 1864.		9. AGE (in years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elijah Sanders		13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Attelia 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 Harry Sanders, Deepwater, Mo.		ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (2) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary occlusion		immediately
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis		4 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 Jan 10, 1953 , to April 25, 1953 , that I last saw the deceased alive on 4/27, 1953 and that death occurred at 12:20 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Dr. R. P. Hallin		23b. ADDRESS 4401 W. D. Clinton, Missouri		23c. DATE SIGNED 4/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 29, 53		24c. NAME OF CEMETERY OR CREMATORY Maplewood
24d. LOCATION (City, town, or county) (State) Brownington, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Tom Stuart		ADDRESS Deepwater, Mo.
DATE REC'D BY LOCAL REG May 3-53		REGISTRAR'S SIGNATURE Flora Adams		1422

(Licensed Embalmer's Statement on Reverse Side)

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

5420
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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 *Don Stewart* _____

Licensed Embalmer No. *2782* _____

P. O. Address *Deepwater 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.