

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20789

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 679

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rae-Rural	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) RR	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) RAYMOND c. (Last) SAUNDERS			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 16, 1908		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Andrew County, Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Albert Saunders		13b. MOTHER'S MAIDEN NAME Myrtle Dowden		14. NAME OF HUSBAND OR WIFE Mary M. Saunders	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Saunders, Rae, Mo. ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia						3-17-53	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				to 6-13-53	
		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 <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) _____	
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 8, 1951**, to **June 13, 1953**, that I last saw the deceased alive on **June 12, 1953**, and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert B. Kelley, M.D.		23b. ADDRESS Savannah, Mo.		23c. DATE SIGNED 6-16-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Whitesville		24d. LOCATION (City, town, or county) (State) Whitesville, Mo.	
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DATE REC'D BY LOCAL REG. June 20, 1953		REGISTRAR'S SIGNATURE Ruth M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home Savannah Mo ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

0

300
48

FILED JUN 22 1953

AUG 18 1954

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.