

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22121**

FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 312

582

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 W Clayton</u>			

3. NAME OF DECEASED (Type or Print) <u>Auttie</u>	a. (First) <u>Auttie</u>	b. (Middle) <u>Luther</u>	c. (Last) <u>Saunders</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1953</u>
--	--------------------------	---------------------------	---------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct 1890</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>63</u> <u>10</u> _____
-----------------	-------------------------------	---	----------------------------------	---

10a. USUAL OCCUPATION (If retired of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mattress</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Brookfield Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>Monroe Saunders</u>	13b. MOTHER'S MAIDEN NAME <u>Matthie Stone</u>	14. NAME OF HUSBAND OR WIFE _____
---	--	-----------------------------------

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Max Sus Bendelton</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of throat</u>		
	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 <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) <u>Brookfield Mo</u>
--	--	---

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lamar B. McClard Coroner</u>	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>7/4/53</u>
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 5 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paul Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7-7-53</u>	REGISTRAR'S SIGNATURE <u>Nadine Stambach Reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Romer Bowden</u>	ADDRESS <u>Brookfield Mo</u>
--	---	--	------------------------------

**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 Jamie B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brookfield 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.