

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25521**

**FILED JUL 20 1953**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 565-C Registrar's No. 21

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u> c. LENGTH OF STAY (In this place) <u>Native</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u> d. STREET ADDRESS (If rural, give location) <u>City 0550</u>	
--	--	--	--

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Sanders</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7-4-1953</u>			
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widow</u>	<b>8. DATE OF BIRTH</b> <u>1-18-1859</u>	<b>9. AGE</b> (In years last birthday) <u>94</u>	<b>IF UNDER 1 YEAR</b> Months <u>5</u> Days <u>76</u>	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Pensioner</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Searey Co. Ark.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Samuel Sanders</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy Nichols</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>
--	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> <u>none</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Dr. W.E. Sanders</u> <u>Miller Mo.</u>
--	---	---

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Died suddenly!</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>   _____ _____ _____
--	---	--	--

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>   <u>1955</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>   _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to death, 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.**

<b>23a. SIGNATURE</b> (Degree or title) <u>W. S. Buzney M.D.</u>	<b>23b. ADDRESS</b> <u>Miller Mo.</u>	<b>23c. DATE SIGNED</b> <u>7-7-1953</u>
---	--	--

<b>24a. BURIAL, CREMATION REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>7-6-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Sparta I.O.O.F.</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Sparta Mo.</u>
--	-------------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>7-7-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W. S. Buzney</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Monroe-Luman</u> <u>Miller Mo.</u>
--	---	--

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

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

*L. R. Lerman*

Licensed Embalmer No. 3297

P. O. Address Milber 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.