

FILED JUL 17 1953

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 3454 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Sikeston</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Parma</u> TOWN	
c. LENGTH OF STAY (In this place) <u>2 day</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sikeston Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elmer</u>	b. (Middle) <u>James</u>	c. (Last) <u>Sanders</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1953</u>
-------------------------------------	-------------------------	--------------------------	--------------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan. 2, 1953</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>5</u> Days	IF UNDER 12 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Elmer Sanders</u>	13b. MOTHER'S MAIDEN NAME <u>Clara Jane King</u>	14. NAME OF HUSBAND OR WIFE <u>child</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>X</u> <u>X</u> <u>X</u>	16. SOCIAL SECURITY NO. <u>X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Sanders</u>	ADDRESS <u>Parma, Mo. R. .1</u>
--	---------------------------------------	---	------------------------------------

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Diarrhea</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) <u>Dehydration</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1 week</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>5710</u>	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) (Min.)	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 6-23, 1953, to 6-23, 1953, that I last saw the deceased alive on 6-23, 1953 and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. E. McClure</u>	23b. ADDRESS <u>217 Kingshighway Sikeston, Mo.</u>	23c. DATE SIGNED <u>7/2/53</u>
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Essex cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Essex, Mo.</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>July 9 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> <u>429</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser. Dexter, MO.</u>	ADDRESS
--	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 13 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 753-157

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Jeyles, 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.