

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27613

State File No. ....

FILED AUG 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 66

1. PLACE OF DEATH  
a. COUNTY Atchison

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax

c. LENGTH OF STAY (in this place) 15 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fairfax Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Holt

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corning 0.440

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED  
a. (First) Henry b. (Middle) Isaac c. (Last) Sanders

4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 13, 1878

9. AGE (In years last birthday) 74

10. UNDER 1 YEAR Months Days  
11. UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Store Clerk

10b. KIND OF BUSINESS OR INDUSTRY In store

11. BIRTHPLACE (State or foreign country) Greene County, Tenn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Sanders

13b. MOTHER'S MAIDEN NAME Matilda Ellison

14. NAME OF HUSBAND OR WIFE Edna Sanders

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. 500-07-1807

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Sanders - Corning, Mo.

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\* (a) Shock, secondary to

ANTECEDENT CAUSES  
DUE TO (b) Hematemesis, cause undet.  
DUE TO (c) Parkinson's Disease

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
12 hrs  
12 hrs.  
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 784.5

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to Aug. 6, 1953, that I last saw the deceased alive on Aug. 6, 1953, and that death occurred at 7:1 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James K. Coffey MD

23b. ADDRESS Fairfax, Mo

23c. DATE SIGNED 8/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial & removal

24b. DATE 8/8/53

24c. NAME OF CEMETERY OR CREMATORY P.O.O.F.

24d. LOCATION (City, town, or county) (State) Craig Mo.

DATE REC'D BY LOCAL REG. Aug 12, 1953

REGISTRAR'S SIGNATURE Merwin H. Schofield

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 443 Craig, Mo. Wilber L. Schober - Craig, Mo.

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 \_\_\_\_\_

*Myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wilber L. Schooner*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.