

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34951**

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) <u>13 Yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>14th & Bond Sts.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14th & Bond Sts.</u>		d. STREET ADDRESS (If rural, give location) <u>14th & Bond Sts.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>QUINTON</u>	b. (Middle) <u>ABLE</u>	c. (Last) <u>SANDERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Humphry Sanders</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Larue (dec.)</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Sanders</u> ADDRESS <u>Monett, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage, multiple</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</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. <u>Multiple facial & skull fractures, multiple fractures of ribs, skull, facial bones</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>skull, facial bones</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monett Barry MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>cut 23 1953 4:50 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Beaten to death by unknown assailant</u>
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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 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Edwards M.D.</u> (Name or title)	23b. ADDRESS <u>Monett, Mo.</u>	23c. DATE SIGNED <u>10-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 25, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>	24d. LOCATION (City/town, or county) (State) <u>Monett, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-27-53</u>	REGISTRAR'S SIGNATURE <u>Katherine Anderson</u>	485	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Anderson</u> ADDRESS <u>Monett, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *J. D. Buchanan*

Licensed Embalmer No. *3149*

P. O. Address *Monroeville 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.