

No. 306
10. 48

FILED OCT 20 1953

STANDARD CERTIFICATE OF DEATH

State File No. 36559

BIRTH NO.		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 3044		Registrar's No. 41		
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Miller				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		066/		
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 N. Maple				d. STREET ADDRESS (If rural, give location) 311 N. Maple 0				
3. NAME OF DECEASED (Type or Print) Hugh Sanders			a. (First) Hugh			b. (Middle) Sanders		
c. (Last) Sanders			4. DATE OF DEATH Sept 25 1953		4. DATE (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 13, 1877		
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 Hrs. Mins.				
10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) Railway Conductor			10b. KIND OF BUSINESS OR INDUSTRY Railway		11. BIRTHPLACE (City and State or Foreign Country) Dundas, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Sanders			13b. MOTHER'S MAIDEN NAME Mattie Cotterell			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 708-14-3654		17. INFORMANT'S SIGNATURE OR NAME James Sanders		ADDRESS Eldon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma larynx					MEDICAL CERTIFICATION	
		ANTECEDENT CAUSES					INTERVAL BETWEEN ONSET AND DEATH	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b)						
		DUE TO (c)						
		11. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death. Gen. Metastasis						
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) Eldon		(COUNTY) (STATE)		
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from 10:50 to Sept 25, 1953, that I last saw the deceased alive on Sept 24, 1953 and that death occurred at 2:35 P.M., from the causes and on the date stated above.								
23a. SIGNATURE E. O. Shelton M.D.				23b. ADDRESS Eldon, Mo.		23c. DATE SIGNED Sept 29, 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Eldon		24d. LOCATION (City, town, or county) Eldon Mo. (State)		
DATE REC'D BY LOCAL REG. Sept 29, 1953		REGISTRAR'S SIGNATURE A. W. Bennett		25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips		ADDRESS Eldon, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ernest L. Young

Licensed Embalmer No. 4785

P. O. Address Eldon, 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.