

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

State File No. **38655**

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3017 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Dent</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Reynolds</u>		
b. CITY OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 mo.</u>	c. CITY OR TOWN <u>Ellington</u> <u>10900</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knorr Nursing Home</u>			d. STREET ADDRESS (If rural, give location) _____		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u> b. (Middle) <u>H.</u> c. (Last) <u>Sanders</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1953</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 4, 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Layer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Laying</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Sanders</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Chitwood - Ellington Mo.</u>	ADDRESS <u>Ellington 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES <u>Ess. Hypertension</u> <u>Arteriosclerosis</u> 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/9/53, 19 , to 11/18/53, 19 , that I last saw the deceased alive on 11/18/53, 19 , and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph R. Burnett M.D.</u>	(Degree or title)	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>11/21/53</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 21, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ellington Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ellington Mo.</u>
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Clyde A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leaton Peritt Van Buren</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Received 12-9-53

Reynolds County Health

File No. _____

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 Seaton Pruitt

Licensed Embalmer No. 2287

P. O. Address Van Buren Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

[Handwritten mark]