

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

45137

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5767 Registrar's No. 366

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| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Highway #36 | | c. CITY OR TOWN Hünnewell | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South River Township | | e. STREET ADDRESS (If rural, give location) Hünnewell, Missouri | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Robert | b. (Middle) Cyrus | c. (Last) Saunders | 4. DATE OF DEATH (Month) (Day) (Year) 10-17-1953 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2-13-1867 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 8 Days 4 | IF UNDER 6 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Robert Saunders | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Deceased |
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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) No | 16. SOCIAL SECURITY NO. -- | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Matson, Little Rock, Arkansas, |
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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, asthma, 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) Coronary Occlusion | | 3 hrs. |
| | ANTECEDENT CAUSES DUE TO (b) Heart Block Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | 3 Mo. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 7-18, 1953, to 9-17, 1953, that I last saw the deceased alive on 9-17, 1953, and that death occurred at 10:10A., from the causes and on the date stated above.

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| 23a. SIGNATURE John H. Kobb | (Degree or title) Med. Director | 23b. ADDRESS Mo. Health Dept. No. 4201 | 23c. DATE SIGNED 2/5/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-20-1953 | 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery | 24d. LOCATION (City, town, or county) (State) Oakdale, Missouri |
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| DATE REC'D BY LOCAL REG. 10-23-54 | REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Fisher | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw & Hawkins Shelbina, Mo. |
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(Signed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

James D. Davis

Licensed Embalmer No. *447*

P. O. Address *Shelbina,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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