S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11141

BIRTH NO. FILED APR 19 1954 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5056 Registrar's No. 27

0050 1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: BARRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Corsicana
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Purdy Rt #2.
d. STREET ADDRESS (If rural, give location): 0050 0

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): ORVEL
c. (Last): SANDERS

4. DATE OF DEATH (Month) (Day) (Year): March 22 1954

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 24 1886
9. AGE (In years last birthday): 67 | If under 1 year: Months 11 Days 28 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Washington Sanders
13b. MOTHER'S MAIDEN NAME: Caroline Vineyard
14. NAME OF HUSBAND OR WIFE: Lottie M Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 487-24-0385
17. INFORMANT'S SIGNATURE OR NAME: Lottie M Sanders, Purdy Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Emphasis — 3 yrs
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: 5271
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* 1-15, 1954, *to* 3-22, 1954, *that I last saw the deceased alive on* 3-27, 1954, *and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Kerr MD
23b. ADDRESS: Monett Mo.
23c. DATE SIGNED: 3-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24 1954
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant
24d. LOCATION (City, town, or county) (State): Purdy Missouri

DATE REC'D BY LOCAL REG.: 4-2-54
REGISTRAR'S SIGNATURE: Katherine Henderson 4870
25. FUNERAL DIRECTOR'S SIGNATURE: Wm Marrs Pogue Wheaton Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.
Rec. 4-6-54

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 James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.