

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

40560

State File No.

FILED DEC 20 1954

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY OR TOWN <u>Washington, Mo.</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN _____	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>036</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>E.</u> c. (Last) <u>Sanders</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>don't know</u>	8. DATE OF BIRTH <u>Mar 7 1933</u>
9. AGE (In years last birthday) <u>21</u>		if UNDER 1 YEAR <u>9</u> Months	if UNDER 1 YEAR <u>5</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>In auto accident</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured skull</u> DUE TO (c) <u>Internal Injuries</u>		_____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, on, in, factory, street, office bldg., etc.) <u>Highway # 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ulls Ridge, Boone Franklin, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>Dec 12, 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident on Hwy # 66</u>

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Conrad A. Ottman</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Franklin, Mo.</u>
23c. DATE SIGNED <u>Dec. 12, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) _____		(State) _____

DATE REC'D BY LOCAL REG. <u>12/13/54</u>	REGISTRAR'S SIGNATURE <u>J.C. Hedman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ottman</u>
		ADDRESS <u>Funeral Home</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JAN 10 1955

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 *E. F. Altman*

Licensed Embalmer No. *168*

P. O. Address *Union St*

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.