

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21742**

No. 300  
10. 48

FILED JUL 25 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. LENGTH OF STAY (In this place) <u>15 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		d. STREET ADDRESS (If rural, give location) <u>112 W. Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 W. Madison</u>				112 W. Madison			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u> b. (Middle) <u>Henry</u> c. (Last) <u>Sanderson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1955</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 19, 1888</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 WKS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Diesel Engineer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Old Griffen, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jim Sanderson</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Belle</u>		14. NAME OF HUSBAND OR WIFE <u>Anabelle Mershon Sanderson</u>		
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>443-01-7283</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. G. H. Sanderson</u> ADDRESS <u>Owensville, Mo.</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>
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) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 3, 1952</u> , to <u>July 15, 1955</u> , that I last saw the deceased alive on <u>July 9, 1955</u> , and that death occurred at <u>6:15 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. M. Keller M.D.</u>				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>7-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Marvyn Jappney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Winter</u> ADDRESS <u>Owensville</u>			

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Melvin W. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.