

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4129

State File No.

No. 500
10.48

FILED MAR 12 1956

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. LENGTH OF STAY (In this place) 6 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital Excelsior Springs, Missouri		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs	
		d. STREET ADDRESS (If rural, give location) 220 W. Excelsior Street	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) F	c. (Last) SAUNDERS	4. DATE OF DEATH (Month) (Day) (Year)	2 15 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH 2-25-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 11 Days 21	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Lake City, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis Allen Saunders	13b. MOTHER'S MAIDEN NAME Elizabeth Nowlin	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 495104468	17. INFORMANT'S SIGNATURE OR NAME VA Hospital records	ADDRESS
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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, ashenia, 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) Tuberculosis, pulmonary, chronic, far advanced, active		June 1950
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Malnutrition		Unknown	

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? 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) 002x
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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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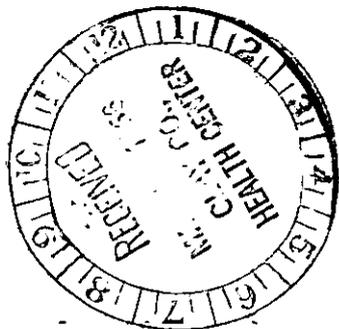
22. I hereby certify that I attended the deceased from **Feb. 10**, 19**56**, to **Feb. 15**, 19**56** and that death occurred at **2:00 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. A. EPRONA, M.D.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 2-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE FEB 15, 1956	24c. NAME OF CEMETERY OR CREMATORY BLUE SPRINGS	24d. LOCATION (City, town, or county) (State) BLUE SPRINGS, MO
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DATE REC'D BY LOCAL REG. 2/19/56	REGISTRAR'S SIGNATURE Barlene Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE PRICHARD FUNERAL HOME	ADDRESS EXCELSIOR SPRINGS, MO
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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
Student Embalmer

Signed Ralph E. Van Landingham
Licensed Embalmer No. 4009
Helmsburg, Missouri
P. O. Address

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.