

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17079

FILED MAY 23 1956

State File No. 28 Registrar's No. 28

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5771

1. PLACE OF DEATH a. COUNTY Mercer 0650		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer 0650	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural (Marian Twp) /		c. CITY OR TOWN Mercer	
c. LENGTH OF STAY (in this place) 30 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home		e. STREET ADDRESS (If rural, give location) Marian Twp.	

3. NAME OF DECEASED a. (First) Robert b. (Middle) Riley c. (Last) Sanders			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1956		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 23, 1879		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months Days 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 Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Arden Sanders		13b. MOTHER'S MAIDEN NAME Elizabeth Farmer		14. NAME OF HUSBAND/OR WIFE Rosa Belle Sanders	
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. 483-18-5509		17. INFORMANT'S SIGNATURE OR NAME Robert Sanders	
				ADDRESS Lineville Iowa	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		MEDICAL CERTIFICATION Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min	
ANTECEDENT CAUSES		Coronary Thrombosis		3 days			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocardial decompensation with arteriosclerosis		6 wks			
DUE TO (c)				2 years			
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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 June 1948, to April 8, 1956, that I last saw the deceased alive on April 8, 1956, and that death occurred at 12:15A m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Davis		(Degree or title)		23b. ADDRESS Mercer Missouri		23c. DATE SIGNED April 12 1956	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Lineville Iowa	
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DATE REC'D BY LOCAL REC. 4-14-56		REGISTRAR'S SIGNATURE H. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE ... Lineville Iowa.		ADDRESS	
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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.....  
Signature of Student Embalmer

Signed *Anna L. Grundle*.....

Licensed Embalmer No. *39*.....

P. O. Address *Lincoln*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.