

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19938

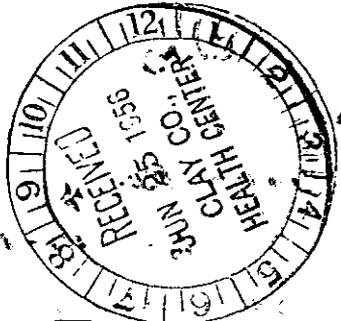
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gashland</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Gashland</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>72 Clayton Rd. 6000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELMAR</u> b. (Middle) <u>G.</u> c. (Last) <u>SANDERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-17-1956</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct 1 - 1886</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PARING Lat. Att.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Keaton Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>CHAS. SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mona Sanders</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-03-3451</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mona Sanders</u> ADDRESS <u>72 Clayton Rd. Gashland 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>					INTERVAL BETWEEN ONSET AND DEATH <u>—</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART Disease</u> <u>Sy</u>					
		DUE TO (c) <u>Previous Myocardial Infarct</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4200</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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 <u>Jan 2, 1956</u> , to <u>June 17, 1956</u> , that I last saw the deceased alive on <u>May 28, 1956</u> , and that death occurred at <u>3 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David R. Childs M.D.</u>				23b. ADDRESS <u>Smithville, Mo</u>		23c. DATE SIGNED <u>6/18/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PAOLA - Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>PAOLA - Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6-18-56</u>		REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson + Son Funeral Home. PAOLA - KANSAS</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

940



JUL 17 1938

PAID

RECEIVED

Removal to Paola for embalment

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 *[Signature]*

Licensed Embalmer No. *224*

P. O. Address *[Signature]*

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.