

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

1216

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1216

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jackson	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Inside Limits OR TOWN <u>Kansas City</u>	b. COUNTY	Jackson
c. FULL NAME OF (If NOT in hospital, give location)	Length of stay in <u>10</u> <u>unk.</u>	c. CITY OR TOWN	Kansas City
HOSPITAL OR INSTITUTION <u>Gen'l Hosp. #1</u>		d. STREET ADDRESS	(If outside, give location) <u>204 N. Wheeling</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Joseph	H.	Sanders	3	15	1957
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (In years (to birthday))
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	June 4, 1861		95
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 country)		12. CITIZEN OF WHAT COUNTRY?
Retired		Farmer	Jackson County Mo.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Unknown			Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT		
no		none	Jesse J. Sanders 509 S. Clay Nevada Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar pneumonia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	490X
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from <u>March 6, 1957</u> to <u>March 15, 1957</u> and last saw <u>him</u> alive on <u>March 15, 1957</u> Death occurred at <u>1 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>R. J. Burns, M.D.</u> (Degree or title)	22b. ADDRESS <u>24th & Cherry</u>	22c. DATE SIGNED <u>3-15-57</u>

23a. BURIAL, CREMATION, REMOVED <input checked="" type="checkbox"/>	23b. DATE <u>3/15/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>
24. FUNERAL DIRECTOR <u>Stine & McClure K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3.15.57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

(Licensed Embalmer's Statement on Reverse Side)

300
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. B. UITS

MEDICAL CERTIFICATION

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 *Elms D. Triplett*

Licensed Embalmer No. *46*

P. O. Address *K.C. Mo.*

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.