Health, Welfare Public Service

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FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12323

Registration District No. 46 Primary Registration District No. 5153 Registrar's No. 29

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1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kingston Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2 miles SW Kingston — Length of stay in Ib 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Caldwell
c. CITY OR TOWN Elmira — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 miles west Polo — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Fount Middle G. Last Sandersen

4. DATE OF DEATH Month April Day 22 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Oct. 31, 1871

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months 5 Days 21 — 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 General farming

11. BIRTHPLACE (City and state or country) Chariton County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Sandersen

14. MOTHER'S MAIDEN NAME Fannie Summers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. #498-40-6383

17. INFORMANT Mrs. Jessie W. Sanderson, Address Elmira, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis + myocardial infarction — Indef
DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-17-57, to 4-22-57 and last saw him alive on 4/22/57
Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas P. Reth (Degree or title) D.O. — **22b. ADDRESS** Polo Mo — **22c. DATE SIGNED** 4/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **23b. DATE** April 24, 1957 — **23c. NAME OF CEMETERY OR CREMATORY** Cowgill Cemetery — **23d. LOCATION** (City, town, or county) (State) Cowgill, Missouri

24. FUNERAL DIRECTOR Quest-Lile Funeral Home — **ADDRESS** Richmond, Missouri — **25. DATE RECD. BY LOCAL REG.** Apr. 30-57 — **26. REGISTRAR'S SIGNATURE** Gladys Jones

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific number required by [illegible]
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 406

P. O. Address Richmond, I

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