

THE DIVISION OF HEALTH OF MISSOURI			STANDARD CERTIFICATE OF DEATH			STATE FILE NUMBER 1722							
FILED FEB 6 1958			Registration District No. 155			Primary Registration District No. 4244			Registrar's No. 16				
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTERVILLE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CARTERVILLE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 230 E. MAIN			Length of stay in lb 50YRS.		d. STREET ADDRESS (If outside, give location) 230 E. MAIN			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First JOHN Middle CALVIN Last SANDERS						4. DATE OF DEATH Month JANUARY Day 25 Year 1958							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 8, 1869		9. AGE (In years last birthday) 88		FUNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY GROCERYMAN		11. BIRTHPLACE (City and state or country) SELMER, TENN			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME JOSEPH SANDERS			13b. MOTHER'S MAIDEN NAME HADDEN			14. NAME OF HUSBAND OR WIFE ELLA SANDERS (DECEASED)							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS FRED BLACK CARTERVILLE, MO.								
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 24 hours					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.		DUE TO (b) Arteriooclerotic heart disease		DUE TO (c)				10 years					
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"/> 2					
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.													
20d. INJURY OCCURRED WHILE AT WORK <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 2-2-48 to 1-25-58 and last saw ^{her} alive on 1-25-58 Death occurred at 4.30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) James V. Liberty M.D.					22b. ADDRESS 319 W. Main St., Cartersville, Mo.			22c. DATE SIGNED 1-28-58					
23a. BURIAL, CREMATION, (Specify) BURIAL		23b. DATE 1/28/58		23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETERY			23d. LOCATION (City, town, or county) (State) CARTERVILLE MO.						
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY,				ADDRESS NO. 1-28-58		25. DATE RECD. BY LOCAL REG. Mrs. Madeline Switzer		26. REGISTRAR'S SIGNATURE					

RECEIVED FEB 5 - 1958
Jasper County Health Office

County File Number 99

Date Filed FEB 5 - 1958

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 Richard Gray Law

Licensed Embalmer No. 4405

P. O. Address Webb City

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.