

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028038

STATE FILE NUMBER

FILED AUG 14 1958

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 32

36  
S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Worth</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grant City</b>			c. CITY OR TOWN <b>Grant City, 1130</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) <b>Willis Sanders</b>			4. DATE OF DEATH <b>August 2, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19, 1879</b>		9. AGE (In years birthday) <b>79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Worth County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>John Sanders</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Cook</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Sanders</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-07-2096</b>		17. INFORMANT <b>Nellie Sanders - Grant City, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ANOXIC CARDIAC FAILURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>ANASARCA</b> DUE TO (c) <b>METASTATIC CA- PRIMARY DESCENDING COLON</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1532</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>4 MONTHS</b> <b>5 YEARS</b>
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. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <b>JAN. 1952</b> to <b>JULY 30, 1958</b> and last saw her alive on <b>JULY 30, 1958</b> Death occurred at <b>AUGUST 2, 9:00 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Richard L. Smith DO</b>			22b. ADDRESS <b>GRANT CITY Mo.</b>		22c. DATE SIGNED <b>8-4-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>August 4, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Grant City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Bill A. Dunfee</b>			25. DATE RECD. BY LOCAL REG. <b>August 9-58</b>		26. REGISTRAR'S SIGNATURE <b>Reta E. Dawson</b>

(Licensed Emballer's Statement on Reverse Side)

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 Bill J. Dunn

Licensed Embalmer No. 4908

P. O. Address Grant 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.