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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021681

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FILED JUN 17 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER

Registrar's No. 2694

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTH.			Length of stay in lb 26YRS.		d. STREET ADDRESS 4553 WALNUT		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CHARLES Middle WARWICK Last SAUNDERS				4. DATE OF DEATH Month MAY Day 31 Year 1959					
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 7 10 91		9. AGE (In years at birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CENTRAL RADIO SCHOOL			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BOONEVILLE, NEW YORK.		12. CITIZEN OF, WHAT COUNTRY? USA		
13a. FATHER'S NAME DAVID SAUNDERS			13b. MOTHER'S MAIDEN NAME ANNIE LAURIE SAUNDERS			14. NAME OF HUSBAND OR WIFE MARGARET SAUNDERS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 495 20 0026		17. INFORMANT Address MRS. H.E. ZIMMERMANN 4553 WALNUT				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis - Generalized							INTERVAL BETWEEN ONSET AND DEATH 7 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) UNKNOWN									
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 checked="" type="checkbox"/> NO <input 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 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 MAY 27 59 to MAY 31 59 and last saw her ^{her} him alive on MAY 31 1959 Death occurred at: 8:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Dee of title) <i>Sharon Neiny M.A.</i>				22b. ADDRESS 1115 GRAND AVE			22c. DATE SIGNED June 1 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 3. 1959	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM			23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.			
24. FUNERAL DIRECTOR ADDRESS W.W. McCombs's Sons R.C. MO.			25. DATE RECD. BY LOCAL REG. 6-1-59		26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. David Henry

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

Harold E. Cattermole

Licensed Embalmer No. 3032

P. O. Address *St. Louis, Mo.*

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.