URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040356

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10 a2 Registrar's No. 5239

ENDED

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 — Length of stay in 1b: 60 yrs.	c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospt. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 51 31 Virginia — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Clarence Middle: J. Last: Sanderson Sr.		4. DATE OF DEATH Month: Oct. Day: 30 Year: 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 5-5-1885
9. AGE (last birthday): 74 yrs.	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
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): Hillsbrough, Ohio	12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Joseph Sanderson	13b. MOTHER'S MAIDEN NAME: Mary Wilkin	14. NAME OF HUSBAND OR WIFE: Katherine Sanderson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 488-36-9351	17. INFORMANT: Katherine Sanderson Address: 5131 Virginia	

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypostatic pneumonia	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cometose cond. of pt. c Strobe	20 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coronary Thrombosis, Ad; Multiple cerebral thromboses

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 11-3-52, to 10-30-59 and last saw ~~her~~ him alive on 10-30-59

Death occurred at 5:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred H. Lundgren Jr. MD	22b. ADDRESS: 315 Nichols Road	22c. DATE SIGNED: 10-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/2/59	23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri		
24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: Linwood & Woodland	25. DATE RECD. BY LOCAL REG.: 11-1-59	26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Fred H. Lundgren, Jr. 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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gerald A. Burger

Signature of Student Embalmer

Licensed Embalmer No. 4763

P. O. Address K. C. Mo

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