

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043049

FILED VS NOV 30 1959

337

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **92**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salt River Township		Length of stay in 1b 35 Yrs		c. CITY OR TOWN Lakenan		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle Henry Last Saunders			4. DATE OF DEATH Month Nov Day 21st Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/5/1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 1 Days 16	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Lakenan Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ernest Saunders			13b. MOTHER'S MAIDEN NAME Virginia Jarboe		14. NAME OF HUSBAND OR WIFE Oneita 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. 492-40-6799		17. INFORMANT Address Mrs Oneita Saunders Lakenan 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) Acute Myocardial Failure DUE TO (b) Massive Coronary Occlusion DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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.	Month, Day, Year _____						
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 Shelbina Mo		COUNTY Mo STATE Mo	
21. I attended the deceased from October 14, 1959 to November 13, 1959 and last saw her November 13, 1959 alive on November 13, 1959 Death occurred at November 21, 1959 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R.A. Michalewicz, D.O.				22b. ADDRESS Shelbina Mo		22c. DATE SIGNED 11-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/24/59	23c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery		23d. LOCATION (City, town, or county) Shelbina Mo		(State)
24. FUNERAL DIRECTOR ADDRESS Barkelaw & Davis Shelbina Mo				25. DATE RECD. BY LOCAL REG. 11-28-1959		26. REGISTRAR'S SIGNATURE Ada Garrison	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 4 1959 SA

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

Henry A. Barkley

Licensed Embalmer No. 3835

P. O. Address St Albans

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.