

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000818
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STATE FILE NUMBER

FILED VS. JAN 11 1960

82

Primary Registration District No. 3017

Registrar's No. 5

DED

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cooper				
b. CITY (If outside corporate limits, give TOWNSHIP only) Boonville		Length of stay in 1b 2 Hr.		c. CITY OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 611 Locust St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John Wade Sanders				4. DATE OF DEATH Month January Day 7 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/23/84	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber			10b. KIND OF BUSINESS OR INDUSTRY Manger Lbr. yard		11. BIRTHPLACE (City and state or country) Triplet, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME John Willis Sanders			13b. MOTHER'S MAIDEN NAME Fannie Woods Clements			14. NAME OF HUSBAND OR WIFE Frances Sanders		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give wt or dates of service) No			16. SOCIAL SECURITY NO. ?		17. INFORMANT Address Mrs. Frances Sanders Boonville, 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 Infarction							INTERVAL BETWEEN ONSET AND DEATH 26 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension - arteriosclerotic Heart Disease							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)					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 checked="" 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		COUNTY		STATE
21. I attended the deceased from 1-7-60 to 1-7-60 and last saw ^{her} him alive on 1-7-60 Death occurred at 10:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) B. M. Stuart M.D.				22b. ADDRESS 329 Main, Boonville, MO.			22c. DATE SIGNED 1-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/10/60	23c. NAME OF CEMETERY OR CREMATORY Newcomers Cemetery		23d. LOCATION (City, town, or county) (State) Cherton Co. Missouri			
24. FUNERAL DIRECTOR ADDRESS Goodman & Boller Boonville, Mo.			25. DATE RECD. BY LOCAL REG. 1-9-60		26. REGISTRAR'S SIGNATURE Cooper			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood
William Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

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