URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-009903
STATE FILE NUMBER

FILED VS MAR 21 1960 38

Registration District No. _____ Primary Registration District No. 3006 Registrar's No. 167

ENDED

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 39 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Forest Green — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Virgil Middle Willard Last Sanders
4. DATE OF DEATH: Month 3 Day 17 Year 60
5. SEX: male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-8-12
9. AGE (last birthday): 48
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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Forest Green, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Carl F. Sanders
13b. MOTHER'S MAIDEN NAME: Jennie Avery
14. NAME OF HUSBAND OR WIFE: Kathryn Sanders
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: University Medical Records — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Paraplegia → Bilateral perinephric abscesses →
DUE TO (c) Perforated duodenal ulcer
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): Auto Accident April 1959 Fx Tr
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 2-13-60, to 3-17-60 and last saw her/him alive on 3-16-60
Death occurred at 5:45 am 3-17-60 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Carl W. Almond, M.D.
22b. ADDRESS: Univ. Hosp. Columbia, Mo.
22c. DATE SIGNED: 3-17-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/17/60
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Forest Green Missouri
24. FUNERAL DIRECTOR: Parker's Funeral Service — ADDRESS: Columbia Missouri
25. DATE RECD. BY LOCAL REG.: Mar 17 1960
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

MAR 22 1960

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 Donald L Roberts

Licensed Embalmer No 4722

P. O. Address Glendale, M

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.