

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3356-61-025466  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 6002 Registrar's No.

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**FILED JUL 28 1961**

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 8 yrs  
c. FULL NAME OF HOSPITAL IN HOSPITAL, GIVE ADDRESS, HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE Mo. b. COUNTY Jackson  
c. CITY OR TOWN Kansas City Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 2826 Campbell Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Sarah Middle Saunders Last Saunders  
4. DATE OF DEATH Month 7 Day 4 Year 61

5. SEX female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-18-1873 9. AGE (last birthday) 87 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Seligman, MO 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Patrick E. Saller 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE John H. Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, how, if unknown) (If yes, give war or dates of service) No 17. INFORMANT William W. Saunders 245 N. Phok Address K.C. 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  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal cause condition given in PART I (a) Pulmonary edema  
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 7-4-61 to 7-4-61 and last saw her live on 7-4-61  
Death occurred 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis (Degree or title) 22b. ADDRESS Sen. Keop. 22c. DATE SIGNED 7-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-6-61 23c. NAME OF CEMETERY OR CREMATORY P.E. Roller Cem 23d. LOCATION (City, town, or county) (State) Barnes Co. Mo

24. FUNERAL DIRECTOR Melody McElroy-Eyler ADDRESS 1800 E. Linwood 25. DATE RECD. BY LOCAL REG. 7-5-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address A.C. 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.