

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-029936

STATE FILE NUMBER

AMENDED

FILED AUG 21 1961

Primary Registration District No. 3032

Registrar's No. 102

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 11 yrs.		c. CITY OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 123 Madison Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Buena Middle Vista Last Saunders				4. DATE OF DEATH Month August Day 12 Year 1961											
5. SEX Female		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 8/16/91		9. AGE (last birthday) 69		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 Own home		11. BIRTHPLACE (City and state or country) Madill, Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME James Pittendrigh				13b. MOTHER'S MAIDEN NAME Angeline Morse				14. NAME OF HUSBAND OR WIFE Hubert A. Saunders							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No						17. INFORMANT Hubert A. Saunders Address 123 Madison, Wbg., 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) Letonies Interval between ONSET AND DEATH 3 days 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 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		COUNTY		STATE	
21. I attended the deceased from 8-10-61 to 8-12-61 and last saw her alive on 8-12-61 . Death occurred at 4:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE R. Lee Cooper (Degree or title) M.D.						22b. ADDRESS Warrensburg, Missouri				22c. DATE SIGNED 8-12-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/13/61		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery				23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri							
24. FUNERAL DIRECTOR Sweeney Phillips ADDRESS Warrensburg, Mo				25. DATE RECD. BY LOCAL REG. Aug. 13, 1961		26. REGISTRAR'S SIGNATURE Savannah Cuthfield									

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address, Knot Master, Md

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.