

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007050

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 8

FILED MAR 1 1962

DATE AMENDED
 2
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa		Length of stay in 1b 20 yrs.	c. CITY OR TOWN Odessa
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 W. Otway		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 309 W. Otway
3. NAME OF DECEASED (Type or print) First Middle Last William Henry Sanders			4. DATE OF DEATH Month Day Year Feb. 21 1962
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 11-29-1868
9. AGE (last birthday) 93		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) farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Sanders	
13b. MOTHER'S MAIDEN NAME Nancy Ramsey		14. NAME OF HUSBAND OR WIFE Mary Elizabeth Sanders	
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. none	17. INFORMANT Address Mrs. Mary E. Sanders, Odessa, 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) CARDIAC & RESPIRATORY FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHOLECYSTITIS DUE TO (c) MALNUTRITION			INTERVAL BETWEEN ONSET AND DEATH 1 hr 48 hrs 2 months
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 <u>12-13-61</u> to <u>2-21-62</u> and last saw her him alive on <u>2-21-62</u> Death occurred at <u>7:15 AM</u> <u>2-21-62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Ray A. Jones, D.O.</i>		22b. ADDRESS <u>204 So 2nd Odessa, Mo</u>	22c. DATE SIGNED <u>2-22-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Feb. 23, 1962	23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	23d. LOCATION (City, town, or county) (State) Odessa, Lafayette, Mo.
24. FUNERAL DIRECTOR ADDRESS Ralph O. Jones, Odessa, Mo.		25. DATE RECD. BY LOCAL REG. 2-22-1962	26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>

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 Ralph O. Jones
Licensed Embalmer No. 460f
P. O. Address Odessa, N

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.