

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047178

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6666

**FILED JAN 14 1963**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in lb 14 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) General Hospital Inside Limits Yes  No   
 d. STREET ADDRESS 523 Grand If outside, give location) Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS 523 Grand If outside, give location) Yes  No

3. NAME OF DECEASED (Type or print) First Manning Middle Serene Last Sanders 4. DATE OF DEATH Month 12 Day 24 Year 62

5. SEX Male 6. COLOR OR RACE White Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-2-98 9. AGE (last birthday) 64 IF UNDER 1 YEAR Months 6 Days 4 IF UNDER 24 HR Hours 2 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) Restaurants & Hotels 10b. KIND OF BUSINESS OR INDUSTRY Restaurants & Hotels 11. BIRTHPLACE (City and state or country) Saint Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Paul Sanders 13b. MOTHER'S MAIDEN NAME Beckia "Unknown" 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) | (If yes, give year or dates of service) Yes WW II 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT J.C. Moore, Recorder, Jackson County, Mo. Address General Hospital

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Nephritis  
 DUE TO (b) Possible C. & Intestines  
 DUE TO (c) metastasis to Liver  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 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 7:45 a.m. Month, Day, Year 12-4-62 to 12-24-62  
 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.) 2400 Cherry St. J.C. Mo. 20f. CITY, TOWN, OR LOCATION Jackson COUNTY Jackson STATE Mo.

21. I attended the deceased from 4:50 p.m. 12-4-62 to 12-24-62 and last saw her alive on 12-24-62  
 Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) Dr. J.C. Moore 22b. ADDRESS 2400 Cherry St. J.C. Mo. 22c. DATE SIGNED 12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12-28-62 23c. NAME OF CEMETERY OR CREMATORY National Cemetery LOCATION (City, town, or county) Jackson, Missouri (State) Mo.

24. FUNERAL DIRECTOR Wilbert Funeral Home (S) J.C. Mo. ADDRESS [Address] 25. DATE REG. BY LOCAL REG. 12-28-62 26. REGISTRAR'S SIGNATURE Ruth Long

VS 300 Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

Frank Ellis

USE BLACK INK OR TYPEWRITER RIBBON

JAN 16 1963

**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 Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Trumble, 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.