

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010182
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED **F** Registration District No. 374 Primary Registration District No. 6273 Registrar's No. 4

LED MAR 8 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fletchall Township		Length of stay in 1b Life	c. CITY OR TOWN Grant City, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Grant City,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 Mi. N. E. of Grant City
3. NAME OF DECEASED (Type or print) First Fred Middle Last Sanders		4. DATE OF DEATH Month February Day 21 Year 1963	
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 Jan. 18, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (last birthday) 72
13a. FATHER'S NAME John Sanders		13b. MOTHER'S MAIDEN NAME Margaret Cook	12. CITIZEN OF WHAT COUNTRY U. S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Sylvia K. Sanders -	
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 FAILURE			INTERVAL BETWEEN ONSET AND DEATH NONE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE CORONARY OCCLUSION			NONE
DUE TO (c) ATHEROSCLEROSIS			YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE CORONARY OCCLUSION - OCT. 1962 - HEALED.			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 JAN - 1960 - to 2-21-63 and last saw her/him alive on 2-14-63 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard J. Smith MD.		22b. ADDRESS GRANT CITY MO	22c. DATE SIGNED 2-22-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 23, 1963	23c. NAME OF CEMETERY OR CREMATORY Redding Cemetery	23d. LOCATION (City, town, or county) (State) Redding, Iowa
24. FUNERAL DIRECTOR Bill A. Dunfee - Grant City,		25. DATE RECD. BY LOCAL REG. February 28 - 1963	26. REGISTRAR'S SIGNATURE Leta E. Dawson

USE BLACK INK OR TYPEWRITER RIBBON

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 Bill A. Dinglee

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.