

FILED FEB 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 42523

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>LA FAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LA FAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>210 JEFFERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 JEFFERSON</u>			

3. NAME OF DECEASED a. (First) <u>HENRY</u>		b. (Middle) <u>P.</u>		c. (Last) <u>SANDERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 1948</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-17-1869</u>	
9. AGE (in years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION FOREMAN R.E.C.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. P. R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>ALBENTOWN PA.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LEVI SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZ. GUNOT</u>		14. NAME OF HUSBAND OR WIFE <u>EFFIE BROCK</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EFFIE SANDERS</u> ADDRESS <u>LEX. MO</u>	
--	--	-------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____		_____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
---	--	--	--	----------------------------------	--

22. I hereby certify that I attended the deceased from _____, 19____, to 12/12, 1948 that I last saw the deceased alive on 12-10, 1948 and that death occurred at 20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bess H. Bishop MD Lexington Mo</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>12-13-48</u>	
--	--	--------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-10-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASHBURN GENEAL</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON MO</u>	
---	--	---------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REGISTRAR <u>Jan 26-49</u>		REGISTRAR'S SIGNATURE <u>Wm E Eastbrook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TERPST</u> ADDRESS <u>LEX. MO</u>	
--	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-10-49

Boashe

FEB 7 1950
MAR 27 1950

MAR 27 1949
APR 10 1949

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
Student Embalmer

Signed _____

Geo. McKean

Licensed Embalmer No. _____

2983

P. O. Address _____

Leungton 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 this body is not embalmed, fact should be so stated above.