

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4533

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 231	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>49yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		d. STREET ADDRESS (If rural, give location) <b>1800 W. Water</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baptist Hosp. D</b>				3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>O.</b> c. (Last) <b>Saunders</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1949</b>		5. SEX <b>Male D</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 23 1886</b>		9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Utilities</b>		11. BIRTHPLACE (State or foreign country) <b>Otterville, Mo. D</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Albin Saunders</b>		13b. MOTHER'S MAIDEN NAME <b>Urdan Alexander</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline Saunders</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Pauline Saunders Springfield, Mo.</b>			
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) <b>Carcinoma of Pancreas</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>157X</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>3-1-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Above</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <b>Jan 30, 1949</b> , to <b>Nov 9, 1949</b> , that I last saw the deceased alive on <b>Nov 9, 1949</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter Smith M.D.</b> (Degree or title)				23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>3-10-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/11/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/12/49</b>		REGISTRAR'S SIGNATURE <b>W.E. Handley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. Lohmeyer</b>		ADDRESS <b>Springfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed.....

*Walter E. Hamelton*

Signed.....  
Student Embalmer

Licensed Embalmer No. .... 3808

P. O. Address.....  
Springfield, 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.