

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8144

FILED APR 12 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 2303

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE District of Columbia COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S. Campbell Twp. RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
c. LENGTH OF STAY (in this place) 4 mos, 16 days		d. STREET ADDRESS (If rural, give location) 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Fed. Pris.			

3. NAME OF DECEASED (Type or Print)	a: (First) Louis	b. (Middle) Haynes	c. (Last) SAUNDERS	4. DATE OF DEATH (Month) (Day) (Year) April, 4, 1949
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 5, 1910	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter, boot-black, etc.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Adams Run, South Carolina	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Valentine Saunders	13b. MOTHER'S MAIDEN NAME Annie E. Saunders	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME File - MCFP	ADDRESS Springfield, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of stomach.		Approx.
	ANTECEDENT CAUSES DUE TO (b) Dementia precox, paranoid type		2 hrs. Approx.
DUE TO (c)		5 yrs.	
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 3. 29X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) S. Campbell Twp. Greene Missouri
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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?
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22. I hereby certify that the medical staff attended the deceased from 11-18, 1948, to April 4, 1949, that they saw the deceased alive on April 4, 1949, and that death occurred at 10:18 P.m., from the causes and on the date stated above.

23a. SIGNATURE E. C. RINCK, M.D., Clinical Director	(Degree or title)	23b. ADDRESS Medical Center for Federal Prisoners, Springfield, Missouri	23c. DATE SIGNED 4/6/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/7/49	24c. NAME OF CEMETERY OR CREMATORY P. 4 under Philadelphia, Penna	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 4/6/49	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thomas	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 1 0 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

Ralph H. Thiem

Licensed Embalmer No. *3681*

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.