

FILED DEC 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. 43412

BIRTH NO. _____		REG. DIST. NO. <u>335</u>		PRIMARY REG. DIST. NO. <u>4492</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>		d. STREET ADDRESS (If rural, give location) <u>ORAN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>CLARENCE</u> c. (Last) <u>SANDERS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 14 1949</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>FEB. 25 1870</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>RETIRED FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>MAYFIELD, KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ALBERT SANDERS</u>		13b. MOTHER'S MAIDEN NAME <u>MIRIAM HAMILTON</u>		14. NAME OF HUSBAND OR WIFE <u>MARY SANDERS</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>MARY SANDERS</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u> 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. <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>43 1/4</u> <u>1 Day</u>	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		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) _____		21f. HOW DID INJURY OCCUR? <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>—</u> , 19 <u>48</u> to <u>11/14</u> , 1949, that I last saw the deceased alive on <u>11-14</u> , 1949, and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Cleveland</u>		(Degree or title) _____		23b. ADDRESS <u>Oran, Mo</u>		23c. DATE SIGNED <u>11/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 16 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ORAN SCOTT COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>12/15/49</u>		REGISTRAR'S SIGNATURE <u>J. A. Cleveland</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Smith</u>		ADDRESS <u>Oran, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1949

RECEIVED

District Health Office No. 2

District File Number 1249-1276

Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Carl J. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Craw 910

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.