

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4289**

**FILED** FEB 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>	
c. LENGTH OF STAY (In this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>312 E 4th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 E 4th St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Uldene</u> b. (Middle) _____ c. (Last) <u>Saunders</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 8 1894</u>	9. AGE (In years last birthday) <u>57</u>	if UNDER 1 YEAR Months <u>11</u> Days <u>9</u>	if UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Huntsville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>John Price Ryals</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Eliza Ryan</u>	14. NAME OF HUSBAND OR WIFE <u>Price Saunders</u>
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Ryals</u>	ADDRESS <u>Salisbury Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidemioid Cocciemia of Ultra-12yr</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic - Lymph nodes</u> DUE TO (c) <u>adjacent</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>2-22-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Elderly female at hospital - Epidemioid Cocciemia - Columbia Mo</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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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? <u>176x</u>
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22. I hereby certify that I attended the deceased from Apr 51, 1951, to 2-17, 1952, that I last saw the deceased alive on 2-17, 1952, and that death occurred at 7 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. ... MD</u> (Degree or title)	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>2-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Valley</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-18/52</u>	REGISTRAR'S SIGNATURE <u>W. H. ...</u>	55	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. Winkelmeyer</u>	ADDRESS <u>Salisbury Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

210

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 \_\_\_\_\_

*Chas B. Winkelmyer*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.