

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5970**

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 1001 S. VERMONT, ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1001 S. VERMONT, ST.			

3. NAME OF DECEASED (Type or Print) JESSE	a. (First) JESSE	b. (Middle) C.	c. (Last) SAUNDERS	4. DATE OF DEATH (Month) (Day) (Year) FEB. 7, 1952
---	----------------------------	--------------------------	------------------------------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 27, 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
--------------------	------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work, considering years of working life, or if retired) RETIRED CARMAN	10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. R.R.	11. BIRTHPLACE (State or foreign country) CALLAWAY CO, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME JAMES SAUNDERS	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE LENA MAY SAUNDERS
---	---------------------------	---

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. 702-18-5550	17. INFORMANT'S SIGNATURE OR NAME LENA MAY SAUNDERS, SEDALIA, MO.	ADDRESS
---	---	---	---------

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, asphyxia, 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) Cerebral Hemorrhage		12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		10-15 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 331X	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) (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 _____, 19**52**, to **Feb 7**, 19**52**, that I last saw the deceased alive on **Feb 7**, 19**52**, and that death occurred at **5:50A. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. L. Walter	(Degree or title) MD	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 2-8-52
---------------------------------------	--------------------------------	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/9/1952	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL CEMETARY	24d. LOCATION (City, town, or county) (State) SEDALIA, MISSOURI
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. 2/9/1952	REGISTRAR'S SIGNATURE H. Campbell MD	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Hechatt	ADDRESS Sedalia, Mo
---	--	--	-------------------------------

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

731022

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.