

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13579
130

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 130

644
3

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Broadway at Third		d. STREET ADDRESS (If rural, give location) RFD # 4	

3. NAME OF DECEASED (Type or Print) a. (First) Red W. Sanders	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 28, 1952
---	-------------	-----------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 8, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 24 HRS. Hours 0 Min.
--------------------	-------------------------------	---	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Mailing Dept.	10b. KIND OF BUSINESS OR INDUSTRY Courier Post	11. BIRTHPLACE (State or foreign country) Hannibal Missouri	12. CITIZEN OF WHAT COUNTRY USA
--	---	--	--

13a. FATHER'S NAME Frank Sanders	13b. MOTHER'S MAIDEN NAME Sophia Waller	14. NAME OF HUSBAND OR WIFE Iva Myrtle Lord Sanders (deceased)
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Samuel Sanders	ADDRESS Hannibal Missouri
---	--	---	----------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Crushed		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Run over by bus DUE TO (c) E8127		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		25	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 119	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Public Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Missouri
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/28/52 4:55P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Run over by bus (City Bus)
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] 3 (Degree or title) Coroner	23b. ADDRESS 902 Broadway Hannibal Missouri	23c. DATE SIGNED 5/2/52
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/1/52	24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. 5/7/52	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Hannibal Missouri
--	--	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 9 1952

MARION CO. HEALTH DEPT.

DATE FILED MAY 9 1952

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 *W. Crawford Smith* _____

Licensed Embalmer No. 3814

P. O. Address Harrell 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.