

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25414**  
Registrar's No. **1619**

BIRTH NO. **40950** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH 0883</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>	
b. CITY OR TOWN <b>MOBERLY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRUNSWICK</b> <b>0210</b>	
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>WOODLAND HOS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUSSELL</b> b. (Middle) <b>O.</b> c. (Last) <b>SAUNDERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 15 1952</b>					
5. SEX <b>I</b> <b>MALE</b>	6. COLOR OR RACE <b>COL</b>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>7-14-1952</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>1</b>	IF UNDER 1 HR. Hours <b>1</b>	IF UNDER 1 MIN. Mins. <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MOBERLY MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>HARRY L. SAUNDERS</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA JORDAN</b>		14. NAME OF HUSBAND OR WIFE <b>HARRY L. SAUNDERS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HARRY L. SAUNDERS</b>	
				ADDRESS <b>BRUNSWICK MO</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1-day</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>C</b>			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Grade III Murmur, transmitted to neck (Cyanosis, Marked cardiac enlargement by X-ray)</b>			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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7544</b>		

22. I hereby certify that I attended the deceased from **14 Jul, 1952**, to **15 Jul, 1952**, that I last saw the deceased alive on **15 Jul, 1952**, and that death occurred at **7:17A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. D. Ghute</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>208 1/2 N. 4th Moberly, Mo.</b>		23c. DATE SIGNED <b>18 Jul 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>COLORED</b>		24d. LOCATION (City, town, or county) (State) <b>BRUNSWICK MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-16-52</b>		REGISTRAR'S SIGNATURE <b>Charles H. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. McNeill Brunswick</b>		ADDRESS	

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

**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

*L. W. Keiser*

Licensed Embalmer No.

*823*

P. O. Address

*Brunswick, Md*

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.