

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39291**

**FILED NOV 20 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5630** Registrar's No. **167**

530  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lebanon T. S.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon T. S.</b>	
c. LENGTH OF STAY (in this place) <b>30 Min.</b>		d. STREET ADDRESS (If rural, give location) <b>211 Vanburen</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Highway 66 West 5 Mi.</b>			

3. NAME OF DECEASED (Type or Print) <b>Donald William Saunders</b>			4. DATE OF DEATH <b>Nov. 10 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 23 1892</b>		9. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lebanon Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Frank Saunders</b>	13b. MOTHER'S MAIDEN NAME <b>Lillie Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Saunders</b>
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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) <b>Yes WW 1</b>	16. SOCIAL SECURITY NO. <b>494-05-6024</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Donald Saunders</b>	ADDRESS <b>Lebanon Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>443x</b>	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?
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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 **9** a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Richard P. Palmer</b> (Degree or title) <b>3</b>	23b. ADDRESS <b>Lebanon Mo.</b>	23c. DATE SIGNED <b>11-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/13/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon</b>	24d. LOCATION (City, town, or county) (State) <b>Lebanon Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-13-1952</b>	REGISTRAR'S SIGNATURE <b>Stella L. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Palmer</b>	ADDRESS <b>Lebanon Mo.</b>
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NOV 10 1952

Received .....  
Laclede County Health U  
File No. 11-52-156  
Date Filed 39618-1-ADN

39618-1-ADN

**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 S. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.