THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22152

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4303 Registrar's No. 8

90
1

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

1. PLACE OF DEATH
a. COUNTY Livingston ~~Chillicothe Hospital~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mooresville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mooresville, Mo. 0590 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Morton c. (Last) Sanders

4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 1953

5. SEX M O

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2

8. DATE OF BIRTH March 27 1864

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 2 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Newburn, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Thomas Sanders

13b. MOTHER'S MAIDEN NAME Electa Ann Davis

14. NAME OF HUSBAND OR WIFE Tillie Roloff Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank O'Brien, Mooresville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Kidney failure — " "
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 Senile dementia

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953, *to* June, 1953, *that I last saw the deceased alive on* 13 June, 1953, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles M. O'Brien, M.A.

23b. ADDRESS Chillicothe, Mo.

23c. DATE SIGNED 15 June 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-15-1953

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State) Breckenridge, Mo.

DATE REC'D BY LOCAL REG. June 20 1953

REGISTRAR'S SIGNATURE Gertie L. Ewing 175-0

25. FUNERAL DIRECTOR'S SIGNATURE Trammell Funeral Home ADDRESS Breckenridge, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Grace
Sanders

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 George R. Freeman

Licensed Embalmer No. 4425

P. O. Address Breckenridge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.