FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23415
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2020 Registrar's No. 680

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital — Length of stay in Ib 25 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 — Inside Limits Yes X No ☐
d. STREET ADDRESS 1930 E. Monroe Terr. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First CARL Middle CHARLES Last SANDERS
4. DATE OF DEATH Month July Day 24 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 21 April 1928
9. AGE (In years last birthday) 28 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRANSPORTATION MOVING COMPANY
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Raymond Sanders
14. MOTHER'S MAIDEN NAME Mary Hale Light
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Hospital Records — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Brain Tumor Right Temporal a Hemorrhagic Necrosis — INTERVAL BETWEEN ONSET AND DEATH 7 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-24-56 to 7-24-56 and last saw him alive on 7-24-56
Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D
22b. ADDRESS 1630 N. Jefferson Springfield, Missouri
22c. DATE SIGNED 7-25-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-27-56
23c. NAME OF CEMETERY OR CREMATORY GREENLAWN
23d. LOCATION (City, town, or county) SPRINGFIELD (State) Mo.

24. FUNERAL DIRECTOR J. W. Klingner & Co. SPC — ADDRESS Spgfd. Mo.
25. DATE RECD. BY LOCAL REG. 7-27-56
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 3 1957
OCT 30 1962
AUG 30 1956

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen D. Williams

Licensed Embalmer No. 46

P. O. Address Springf

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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