THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5606

FILED FEB 27 1957

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles, Mo — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kidwell Nursing Home 1 Day — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Fortuna, Mo — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Rt # 1 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First William Middle Shadwick Last Sanders

4. DATE OF DEATH Month Feb Day 20 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH July 15 1871
9. AGE (In years last birthday) 85
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abe Sanders
14. MOTHER'S MAIDEN NAME Mary Lawrence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. UnKnown
17. INFORMANT Otis Sanders Address Mt Juliss Mo

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 Mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Senility 331 X

19. WAS AUTOPSY PERFORMED? YES ☐ 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 Feb 19, 1957 to Feb 20, 1957 and last saw ~~her~~ him alive on Feb 20, 1957
Death occurred at 10 45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J L Washburn (Degree or title) M. D.
22b. ADDRESS Versailles Mo
22c. DATE SIGNED 2/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/23/57
23c. NAME OF CEMETERY OR CREMATORY Elston Cemetery
23d. LOCATION (City, town, or county) Elston, (State) Mo

24. FUNERAL DIRECTOR Earl Boulin — ADDRESS California Mo
25. DATE RECD. BY LOCAL REG. 2-23-57
26. REGISTRAR'S SIGNATURE J L Washburn

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAR 13 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Joel H. Bowlin

Licensed Embalmer No. 49

P. O. Address California

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.