

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23392

STATE FILE NUMBER

FILED AUG 5 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 271

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                                                             |                                                                                                                       |                                                                                                  |                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Adair                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                                                             | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY Adair |                                                                                                  |                                                                                                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN Kirksville                                                                                                                                                                                                                                                                                                                                                                                         |                    | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | c. CITY OR TOWN Kirksville                                                                                            |                                                                                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Stickler Hospital                                                                                                                                                                                                                                                                                                                                                                           |                    | Length of stay in 1b                                                                                                                                        | d. STREET ADDRESS 510 W. Martha                                                                                       |                                                                                                  | (If outside, give location) Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Harry Middle Sanders Last Sanders                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                             | 4. DATE OF DEATH July 30, 1957<br>Month Day Year                                                                      |                                                                                                  |                                                                                                                   |
| 5. SEX M                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 20, 1904                                                                                        | 9. AGE (In years last birthday) 52<br>IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min. |                                                                                                                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Plumbing                                                                                                                                                                                                                                                                                                                                                                    |                    | 10b. KIND OF BUSINESS OR INDUSTRY<br>Plumber                                                                                                                | 11. BIRTHPLACE (City and state or country)<br>Durham, Mo.                                                             |                                                                                                  | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.                                                                          |
| 13. FATHER'S NAME<br>George Sanders                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                             | 14. MOTHER'S MAIDEN NAME<br>Emma --                                                                                   |                                                                                                  |                                                                                                                   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br>No X                                                                                                                                                                                                                                                                                                                                                         |                    | 16. SOCIAL SECURITY NO.                                                                                                                                     | 17. INFORMANT Address<br>Mrs. Blanch Sanders, Kirksville, Mo.                                                         |                                                                                                  |                                                                                                                   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Carcinoma, lungs<br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) Metastasis of cancer cells from carcinoma rectum<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) |                    |                                                                                                                                                             |                                                                                                                       |                                                                                                  | INTERVAL BETWEEN ONSET AND DEATH<br>2 mons.<br><br>9 mons.                                                        |
| 19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                  |                    | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                                                                |                                                                                                                       |                                                                                                  |                                                                                                                   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                                                                                                             |                                                                                                                       |                                                                                                  |                                                                                                                   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                     |                    | 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 July, 1956 to July 30 1957 and last saw <del>her</del> him alive on July 30, 1957<br>Death occurred at 5:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                     |                    |                                                                                                                                                             |                                                                                                                       |                                                                                                  |                                                                                                                   |
| 22a. SIGNATURE (Degree or title)<br>R. Stickler MD                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                                                             | 22b. ADDRESS<br>Kirksville, Mo.                                                                                       |                                                                                                  | 22c. DATE SIGNED<br>8/1/57                                                                                        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                                                                                                                                                                                                                                                                                                                                                                                                                        |                    | 23b. DATE<br>8/2/57                                                                                                                                         | 23c. NAME OF CEMETERY OR CREMATORY<br>Durham Cemetery                                                                 |                                                                                                  | 23d. LOCATION (City, town, or county) (State)<br>Durham, Mo.                                                      |
| 24. FUNERAL DIRECTOR<br>James R. [Signature]                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | ADDRESS<br>Kirksville, Mo.                                                                                                                                  |                                                                                                                       | 25. DATE RECD. BY LOCAL REG.<br>8-2-1957                                                         | 26. REGISTRAR'S SIGNATURE<br>Doris W. Ratliff                                                                     |

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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AUG 7 1957

**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.....  
Signature of Student Embalmer

Signed *Kenneth E. Hayes*  
.....

Licensed Embalmer No. 481

P. O. Address *Kimbrough*

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.