FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23784

Registration District No. 47 Primary Registration District No. 5164 Registrar's No. 194

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fulton Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD 5 Fulton Mo. Length of stay in Ib 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton Twp. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD 5 Fulton Mo. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle O. Last Sanders
4. DATE OF DEATH Month July Day 27 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 17, 1935
9. AGE (In years last birthday) 22 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) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Callaway County Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Geo. Dewey Sanders
13b. MOTHER'S MAIDEN NAME Jessie Pearl Rockwood
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Dewey Sanders Address Rt. 5 Fulton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Virus Infection 2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Muscular Dystrophy

DUE TO (c) 492X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had been bed-fast 15 years

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 9:45 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W O Payne (Degree or title) M.D.
22b. ADDRESS RFD Fulton Missouri
22c. DATE SIGNED July 29/5

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/31/57
23c. NAME OF CEMETERY OR CREMATORY Hillcrest
23d. LOCATION (City, town, or county) Fulton (State) Missouri.

24. FUNERAL DIRECTOR Maupin & H. Fulton Mo ADDRESS
25. DATE RECD. BY LOCAL REG. Aug. 3-1957
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 28 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 .....

Licensed Embalmer No. 3722

P. O. Address .....

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

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