

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43376

STATE FILE NUMBER

FILED DEC 24 1957

Registration District No. 1 Primary Registration District No. 5004 Registrar's No. 430

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR On Road east of Connellsville TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Novinger Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On road, Nineveh Twp Length of stay in 1b		d. STREET ADDRESS R. F. D. Novinger Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John William Middle Sanders Last Sanders		4. DATE OF DEATH Month Dec. Day 12, Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar. 16, 1884
9. AGE (In years less birthday) 74		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Adair County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME J ames Marion Sanders	
14. MOTHER'S MAIDEN NAME Surilda Logston		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) No (If yes, give war or dates of service) X	
16. SOCIAL SECURITY NO. 194-32-4615		17. INFORMANT Address Mrs. Roy Maybee, Aurora, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture and Chest Injuries DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH Minutes
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Man was riding on the left side of back draw bar of a 1951 Farmall tractor, slipped or slumped to the left falling on top of left rear wheel, was carried over and forward on wheel, landed on his head and left rear chest of tractor over his chest.		20c. TIME OF INJURY Hour 1:00 Month Dec. Day 12/57 Year 1957	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (City, town, or location) on way to corn field on gravel road app. 1/4 mile East of Connellsville Adair Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at approx. 1:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Noval Foster (title) Coroner		22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 12/13/57
23a. BURIAL, CREMATION, REBURY (Specify) Burial	23b. DATE 12/15/57	23c. NAME OF CEMETERY OR CREMATORY Jewell Cemetery	23d. LOCATION (City, town, or county) (State) Adair County, Mo.
24. FUNERAL DIRECTOR Paul McLaugh ADDRESS Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. 12-16-1957	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

DEC 24 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. *489*

P. O. Address *Kentwood, Va.*

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.