Health, Welfare Public Service

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1-57

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006266
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 555 W. Hayes — Length of stay in 1b: 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 555 W. Hayes — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WILLIAM Middle FRANK Last SAUNDERS

4. DATE OF DEATH Month Feb. Day 19 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH July 30, 1866
9. AGE (In years last birthday) 91 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Laclede County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Doc Saunders
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Lilly Saunders

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. None.
17. INFORMANT Miss Rosa Saunders, Address Lebanon, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Bronchio Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Loss of appetite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1-13-58, to 2-19-58 and last saw ~~him~~ him alive on 2/18/58
Death occurred at 3:45A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Lebanon Mo
22c. DATE SIGNED 2/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/22/58
23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery
23d. LOCATION (City, town, or county) Lebanon, Mo. (State)

24. FUNERAL DIRECTOR L R Palmer ADDRESS Lebanon, Mo
25. DATE RECD. BY LOCAL REG. 2-20-1958
26. REGISTRAR'S SIGNATURE Nella L. May

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received FEB 23 1958

Laclede County Health Unit

File No. 30

Date Filed FEB 23 1958

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 Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, Mo.

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.