

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029847

STATE FILE NUMBER 31

FILED AUG 27 1958

Registration District No. 272 Primary Registration District No. 4403 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Steele</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Steele</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>6 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>Tunigg Dr.</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>James Sander</i>			4. DATE OF DEATH Month Day Year <i>8-3-58</i>	
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5. SEX <i>M</i>	6. COLOR OR RACE <i>Cal</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-18-1933</i>	9. AGE (In years last birthday) <i>25</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>15</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Oscata Ark</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Kenneth Sander</i>	13b. MOTHER'S MAIDEN NAME <i>Courtney Mae Arnold</i>	14. NAME OF HUSBAND OR WIFE <i>Daisy Sander</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Daisy Sander</i> Address <i>Steele Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wound in skull</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot in dice game</i>
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20c. TIME OF INJURY Hour <i>7:30</i> Month <i>8</i> Day <i>3</i> Year <i>58</i> p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Boatling house</i>	20f. CITY, TOWN, OR LOCATION <i>Steele, Pemiscot, Mo</i>	COUNTY	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at *7:30 P.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James A. Robertson</i> (Degree or title <i>3</i> )	22b. ADDRESS <i>Wardell, Mo</i>	22c. DATE SIGNED <i>8-5-58</i>
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23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-7-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Haley Grove</i>	23d. LOCATION (City, town, or county) <i>Steele Mo</i>	(State)
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24. FUNERAL DIRECTOR <i>German Kudtlo</i> ADDRESS <i>Steele Mo</i>	25. DATE RECD. BY LOCAL REG. <i>8-14-58</i>	26. REGISTRAR'S SIGNATURE <i>J. H. Penman</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 25 1958

WARREN, MO.

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 *James A. Faber*

Licensed Embalmer No. *4185*  
P. O. Address *Warren, 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.