

## STANDARD CERTIFICATE OF DEATH

66803-58

58-029961

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville 0860 Rural-South Richland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) Unionville		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Sharon Ann Sanders			4. DATE OF DEATH Month Day Year Aug. 29, 1958		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1958		9. AGE (In years last birthday) FUNDER 1 YEAR Months Days Hours Min. - - 1 -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Unionville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Gerald Sanders		13b. MOTHER'S MAIDEN NAME Mary Jane Gettings		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Gerald Sanders-Unionville, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Premature infant</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>not known</u> DUE TO (c) <u>776X</u>					INTERVAL BETWEEN ONSET AND DEATH 12 hrs
20a. 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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>Aug 28/58</u> to <u>Aug 29/58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Aug 29/58</u> Death occurred at <u>8:10</u> o. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>L.W. McDonald DO 2</u>			22b. ADDRESS <u>Unionville 7760</u>		22c. DATE SIGNED <u>9-5-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>Aug. 30-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>
24. FUNERAL DIRECTOR <u>F.O. Husted &amp; Son-Unionville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-10-58</u>		26. REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

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 *Muel C. Husted* .....

Licensed Embalmer No. *3304* .....

P. O. Address *Unonville* .....

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.