

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004127  
STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 333 Primary Registration District No. 6111 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP apply) OR TOWN <u>Rural Commerce Twp</u>		c. CITY OR TOWN <u>Commerce Twp</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 Mi. S of Ilmo</u>		d. STREET ADDRESS (If outside give location) <u>2 1/2 Mi. S. of Ilmo</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLAUDE FRAZIER SANDERS</u>		4. DATE OF DEATH Month Day Year <u>Jan 22, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 3, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Commerce, Missouri</u>
13a. FATHER'S NAME <u>Joe Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bruner</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Keftin Sanders</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487,24,3942</u>	17. INFORMANT Address <u>Mrs Mabel Sanders 2 1/2 Ilmo, Mo</u>
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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>± 15 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4261</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>First call after death</u> and last saw her/him alive on _____ Death occurred at <u>about 10</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Delma C. Buckelove, M.D. Health Officer</u>		22b. ADDRESS <u>Benton, Mo</u>	22c. DATE SIGNED <u>1-24-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Commerce, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Bueplinghoff Funeral Home Ilmo, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-26-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

YS JUN 29 1960

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 *Oliver C. Amie* .....

Licensed Embalmer No. *4470* .....

P. O. Address *Illmo, 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.