

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014266
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 251 Primary Registration District No. Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont		c. CITY OR TOWN Skidmore	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home 9 mo.		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HENRY SAUNDERS		4. DATE OF DEATH Month Day Year 4 8 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/21/69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Inspector-retired		10b. KIND OF BUSINESS OR INDUSTRY U. S. Govt.	11. BIRTHPLACE (City and state or country) Graham, Missouri
13a. FATHER'S NAME Stratford Saunders		13b. MOTHER'S MAIDEN NAME Arraminta Lawson	14. NAME OF HUSBAND OR WIFE Dora Todd Saunders, dec.
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.	17. INFORMANT Address Mrs. Violet Frenchville, Clearmont, 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) Cerebro-vascular occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis and			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Congestive Heart Failure			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Steunus - Myocardial Degeneration - Sclerosis			
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.) 332X	
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 March 4-59 , to 4/8/59 and last saw him alive on April 7-1959 Death occurred at 9:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. O. (Degree or title)		22b. ADDRESS Elmo, Missouri	22c. DATE SIGNED Apr 10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/10/59	23c. NAME OF CEMETERY OR CREMATORY Graham	23d. LOCATION (City, town, or county) (State) Graham, Missouri
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-10 59	26. REGISTRAR'S SIGNATURE Bess Ibull-

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Curtis C. Kunkley*

Licensed Embalmer No. *4936*

P. O. Address *Manassas*

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.