

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020520

STATE FILE NUMBER
648

FILED JUN 30 1959

Registration District No. 042

Primary Registration District No.

Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Colo</u> b. COUNTY <u>Denver</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Marion Township</u> TOWN		c. CITY <u>Denver</u> OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 36</u>		d. STREET ADDRESS <u>3095 Reed</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Roger</u> Middle <u>Roy</u> Last <u>Saunders</u>		4. DATE OF DEATH Month <u>June</u> Day <u>19</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 14, 1942</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Waukegan, Ill</u>
13a. FATHER'S NAME <u>Harold Saunders</u>		13b. MOTHER'S MAIDEN NAME <u>Marian Smith</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>	17. INFORMANT <u>Harold Saunders Denver Colo.</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>Suffocation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Ignited gas tank of school bus</u> DUE TO (c) <u>Due to bus striking overpass</u>			INTERVAL BETWEEN ONSET AND DEATH <u>About 27 minutes</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>In second school bus became inferno. Body carbonized</u>	
20c. TIME OF INJURY <u>5:30 p.m. June 19 1959</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>Highway 36 (mo)</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St Joseph Buchanan MO</u>	
21. I attended the deceased from _____ to <u>6/19/59</u> and last saw him alive on _____ Death occurred at <u>5:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>S.E. Meluney M.D. (Broner)</u>		22b. ADDRESS <u>214 Park Street St Joseph 8 Mo.</u>	
22c. DATE SIGNED <u>6/20/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6/20/59</u>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <u>Denver Colo.</u>
24. FUNERAL DIRECTOR <u>Funeral Home</u>		ADDRESS <u>St. Joseph, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>June 24, 1959</u>
26. REGISTRAR'S SIGNATURE <u>Wm. Clyde Standell</u>			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.
S.E. Meluney, M.D. Coroner

JUN 8 1959

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 *John E. Drury*
Licensed Embalmer No. *3986*
P. O. Address *H. J. Drury*

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.

NOT