URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 5 1960

ENDED

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 4

[redacted]

STATE FILE NUMBER 59-047088

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City
Length of stay in 1b 4 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD 1
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bell City Rt 1 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8 miles N-E. Bloomfield Mo Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Garland Middle: Perry Last: Sanderson
4. DATE OF DEATH Month: Dec Day: 23 Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 3-1906
9. AGE (last birthday) 53
IF UNDER 1 YEAR: Months 5 Days 20 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Common Labor
11. BIRTHPLACE (City and state or country) Perryville Texas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Sanderson
13b. MOTHER'S MAIDEN NAME Melvinia Egley
14. NAME OF HUSBAND OR WIFE Mamie Sanderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-14-0871
17. INFORMANT Mamie Sanderson Address Bell City Rt 1 Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma lungs 8 mo
DUE TO (c) Myocarditis, (Secondary) 3 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 59, to and last saw ~~her~~ him alive on Dec 20, 59
Death occurred at 12-23-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stephen Parker (Degree or title) MD
22b. ADDRESS Bloomfield, Mo
22c. DATE SIGNED 12-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/26/1959
23c. NAME OF CEMETERY OR CREMATORY Ash Hill Cemetery
23d. LOCATION (City, town, or county) Butler Co (State) Mo
24. FUNERAL DIRECTOR Watkins & Sons Serving Bloomfield Mo ADDRESS
25. DATE RECD. BY LOCAL REG. 1/25/60
26. REGISTRAR'S SIGNATURE Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4964

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.