

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030716

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 149

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only): Trenton		Length of stay in 1b 3 yrs	c. CITY OR TOWN Milan Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION E Croder Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle Richard Last Sanders			4. DATE OF DEATH Month August Day 16 Year 1962		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/12/1870	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Care owner	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Adair county, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME John Sanders	13b. MOTHER'S MAIDEN NAME Louisa Sanders	14. NAME OF HUSBAND OR WIFE Dec.
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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 Lorena Kirkendoll	Address Milan, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
IMMEDIATE CAUSE (a) Cerebral arteriosclerosis		
DUE TO (b) & cerebral arteriosclerosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (c) Seizure		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 1960 to Aug 16, 62 and last saw ^{him} alive on Aug 10 62
Death occurred at 11:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. J. ...</i>	(Degree or title)	22b. ADDRESS <i>...</i>	22c. DATE SIGNED <u>8/17/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <u>8/19/62</u>	23c. NAME OF CEMETERY OR CREMATORY Oakwood cemetery	23d. LOCATION (City, town, or county) Milan, Mo.
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24. FUNERAL DIRECTOR <i>Schaefer Inc</i>	ADDRESS <i>Milani Mo</i>	25. DATE RECD. BY LOCAL REG. <u>8-17-62</u>	26. REGISTRAR'S SIGNATURE <i>...</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

VS 300	
Rev. 4/59	
<u>6405</u>	
<u>21050</u>	
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<u>94200</u>	
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<u>13 1-0</u>	

AUG 21 1962

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 Geo. W. Daveset

Licensed Embalmer No. 4799

P. O. Address Milan, MD

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.