

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037235

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 139

FILED OCT 15 1963

VS 300 Rev. 4/59	DATE AMENDED
10890	
2 0544	
3	
4 0	
5 1	
6	
7 0	
8 2	
9 331x	
10	
11	
12 1-2	
13 20	

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <b>RICHMOND TOWNSHIP</b> Length of stay in 1b <b>1 DAY</b>		c. CITY OR TOWN <b>HIGGINSVILLE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RICHMOND HOSPITAL</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2003 WALNUT</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>S</b> Last <b>SANDER</b>			4. DATE OF DEATH <b>OCT 6 1963</b> Month Day Year
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-5-1981</b>
9. AGE (last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	11. BIRTHPLACE (City and state or country). <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>JOHN SANDER</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>
14. NAME OF <del>DECEASED'S</del> WIFE <b>CARRIE SANDER</b>		17. INFORMANT Address <b>MRS CARLY JOHNSTON HIGGINSVILLE MO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal pneumonia 493</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
DUE TO (b) <b>Cerebral hemorrhage 331</b>			
DUE TO (c) <b>Arterio sclerosis (450)</b>			
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
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, a.m., p.m.	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
21. I attended the deceased from <b>October 1, 1963</b> to <b>October 6, 1963</b> and last saw him alive on <b>October 6, 1963</b> Death occurred at <b>4:40 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edwin Wilson, D.O.</b>		22b. ADDRESS <b>1815 Main Higginsville, Mo.</b>	22c. DATE SIGNED <b>10/12/63</b>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <b>BURIAL</b>	23b. DATE <b>OCT 8 1963</b>	23c. NAME OF CEMETERY OR <del>CREMATORIUM</del> <b>HIGGINSVILLE CITY HIGGINSVILLE MO.</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <b>WIEGERS-RIEKHOFF HIGGINSVILLE MO. 10-10-1963</b>		25. DATE RECD. BY LOCAL REG. <b>10-10-1963</b> 26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT BY AFFIDAVIT OF

*no permit obtained*

**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 Roy F Wiegman

Licensed Embalmer No. 2883

P. O. Address Higginsville, 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.