

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041987

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9859**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN East Prairie	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 211 Grand	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Howard Danny Sanders			4. DATE OF DEATH Month Day Year October 2, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/28/1912
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	11. BIRTHPLACE (City and state or country) Mississippi Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Nathaniel B. Sanders	
13b. MOTHER'S MAIDEN NAME Sadie Mae Culp		14. NAME OF HUSBAND OR WIFE Pearl Sanders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO.	
17. INFORMANT Pearl Sanders, East Prairie, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary sclerosis with Occlusion; Arterio Sclerosis with insufficiency with Cardiac arrest, suffered while undergoing surgery (Heart Disease) at Jewish Hospital on October 2nd 1963 DUE TO (b) Accident 4201 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Accident 4201			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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year 10-2-63			
20d. INJURY OCCURRED WHILE AT WORK <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.) Hospital	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10/3/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-3-63	23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	23d. LOCATION (City, town, or county) Mississippi Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Shelby Funeral Home, East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. OCT 3 1963	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

VS 300 Rev. 4/59

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VERMONT-510

STATE

DEPT. OF HEALTH

EMBALMERS

Registration

Expiry

DEC 31 1963

JUL 8 1966

Signature

Address

City

State

County

Age

Sex

Education

EMBALMERS

State

City

Signature of Student

Signature of Licensed Embalmer

OCT 18 1963

Signature of Student

Signature of Student

Signature of Licensed Embalmer

Signature of Student

Signature of Student

Signature of Licensed Embalmer

Signature of Student

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 _____
Signature of Licensed Embalmer

Licensed Embalmer No. 4193

P. O. Address St. Louis, 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.

Signature of Student

Signature of Licensed Embalmer

Signature of Student

Signature of Student

Signature of Student

Signature of Licensed Embalmer

Signature of Student

Signature of Student