

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043195

STATE FILE NUMBER

Registration District No. 62 Primary Registration District No. 4106 Registrar's No. 4106

FILED DEC 3 1963	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jerico Springs, Mo</u> Length of stay in 1b <u>9 yr</u>	
c. CITY OR TOWN <u>Jerico Springs, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jerico Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FRED.</u> Middle <u>B.</u> Last <u>SAUNDERS</u>	
4. DATE OF DEATH Month <u>11</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-5-1880</u>
9. AGE (last birthday) <u>83</u>	
IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	
IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>El Dorado, Kan</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jay Saunders</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude Saunder</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u></u>	
16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Mrs Arthur Starck, Iowa</u> Address <u>Muscotine</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>Coronary thrombosis</u> DUE TO (b) <u>Myocarditis 4/22</u> DUE TO (c) <u></u> 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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	
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 <u>June 1963</u> to <u>Nov-22-63</u> and last saw him alive on <u>Nov-22-63</u> Death occurred at <u>9:30 A.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. B. Bannister MD</u>	
22b. ADDRESS <u>Jerico Spg MO</u>	
22c. DATE SIGNED <u>11-23-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11-25-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Anna Edna Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>2 S.E. Jerico Spg. Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Dr. R. Long, Jerico Spg.</u>	
25. DATE RECD. BY LOCAL REG. <u>11-30-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs Geneva Cantlon</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 4 1963

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 *H. P. Long*

Licensed Embalmer No. 3714

P. O. Address *Jessie Ave*

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.