

Health,  
& Welfare  
S. Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-029817

FILED VS AUG 21 1959

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 222

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Eldon</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>203 E. 5th</u>		Length of stay in lb <u>6 Mo.</u>	d. STREET ADDRESS (If outside, give location) <u>203 East 5th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Alex</u> Middle <u>Sanders</u> Last <u>Sanders</u>			4. DATE OF DEATH Month <u>August</u> Day <u>4</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8-24-1884</u>
9. AGE (In years birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Blacksmith</u>	11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>George A. Sanders</u>	
13b. MOTHER'S MAIDEN NAME <u>Jennie McGill</u>		14. NAME OF HUSBAND OR WIFE <u>Beulah Palmer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-14-9478</u>	
17. INFORMANT <u>Mrs. Edna Short</u>		Address <u>Enon, Missouri</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>Inanition and Debilitation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Primary Carcinoma of Prostrate</u>			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)			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.) <u>177X</u>		
20c. TIME OF INJURY Hour <u>5:20</u> Month, Day, Year <u>7-13-59</u> a.m. <u>PM</u> p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>Eldon, Missouri</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>4-14-59</u> to <u>7-13-59</u> and last saw him alive on <u>7-13-59</u> Death occurred at <u>5:20 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Eldon, Missouri</u>	
22c. DATE SIGNED <u>8/10/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-7-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>High Point, Missouri</u>
24. FUNERAL DIRECTOR <u>Louis D. Phillips, Eldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 10, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Alveretta Waltz</u>

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 *Louis W. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Laurel*

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.