

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2262

State File No.

FILED JAN 24 1953

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Co Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u> <u>0681</u>	
c. LENGTH OF STAY (in this place) <u>34 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>604 S. East St. California, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 S. East St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Samuel</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Sanders</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1953</u>
---	--------------------------	------------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 12 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
------------------------------	---	---	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Section Hand</u>	11. BIRTHPLACE (State or foreign country) <u>Cole Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Frank Sanders</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Bettie Ann Sanders</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>702-14-4754</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carroll Spinks Clarkshure Mo</u>	ADDRESS
---	--	---	----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY TOWN OR TOWNSHIP (COUNTY) (STATE) <u>California Moniteau MO</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	-----------------------------------

22. I hereby certify that I attended the deceased from May 1, 1840, to Jan 1, 1953, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Bowen D.O.</u>	(Degree or title)	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>1/2/53</u>
--	-------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/3/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CoSappingtonCemt</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkshure, Mo</u>
---	-----------------------------------	--	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>1-15-53</u>	REGISTRAR'S SIGNATURE <u>H. Popejoy</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Spinks Clarkshure</u>	ADDRESS <u>California</u>
--	---	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16. 300
10. 48

81

720

FEB 20 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Eusebio P. ...

Signed.....
Student Embalmer

Licensed Embalmer No. *2126*

P. O. Address *California*

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 this body is not embalmed, fact should be so stated above.