

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1352
Registrar's No. 304

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 41 years		d. STREET ADDRESS (If rural, give location) 500 East 42nd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 East 42nd			

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) GARVIN c. (Last) SANDERS			4. DATE OF DEATH (Month) (Day) (Year) Jan 17 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 1 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 5 Days 6	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motor Car Salesman	10b. KIND OF BUSINESS OR INDUSTRY Packard Motor Co	11. BIRTHPLACE (State or foreign country) Stafford Kansas	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Joseph Sanders	13b. MOTHER'S MAIDEN NAME Helena Soice	14. NAME OF HUSBAND OR WIFE Mary Sanders
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-16-7297	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Sanders	ADDRESS 500 East 42nd Street
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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, asthenia, 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) <i>Dissecting Aneurysm of Aorta (m.s.)</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Deputy Coroner</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. E. Upsher <i>A. E. Upsher M.D.</i>	23b. ADDRESS 2800 Main	23c. DATE SIGNED 1/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 19, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 1-20-50	REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Durk & Tobin Co</i>	ADDRESS 20 W. Linwood
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(Licensed Embalmer's Statement on Reverse Side)