

FILED JAN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43536**

0570

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

BIRTH NO. _____		REG. DIST. NO. <b>181</b>		PRIMARY REG. DIST. NO. <b>51075</b>		Registrar's No. <b>43</b>	
1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>		c. LENGTH OF STAY (in this place) <b>STAY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL HURRICANE</b>		d. STREET ADDRESS (If rural, give location) <b>0570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lydia</b>		b. (Middle) <b>ELVIRA SANDERS</b>		c. (Last) <b>SANDERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-11-1953</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>August 7, 1972</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>4</b>		IF UNDER 6 Wks. Hours <b>4</b>		IF UNDER 24 Hrs. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State, or Foreign Country) <b>BANNER ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>HENRY F. ALLEN</b>		13b. MOTHER'S MAIDEN NAME <b>JOANNA WOODCOCK</b>		14. NAME OF HUSBAND OR WIFE <b>TRAIN SANDERS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ST. SANDERS Elsberry Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ac. myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastatic carcinoma</b> DUE TO (c) <b>primary site unknown 2 yrs</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>1999</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>FEB 2, 1953</b> , to <b>DEC 11, 1953</b> , that I last saw the deceased alive on <b>12-10, 1953</b> , and that death occurred at <b>6:15 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>ELS BERRY, MO</b>		23c. DATE SIGNED <b>12/11/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>12/14/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LANCASTER CEM</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Ill.</b>	
DATE REC'D BY LOCAL REG. <b>1-12-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifton Mills, Elsberry</b>			

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 De 11-195

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clyton Miller

Licensed Embalmer No. 3364

P. O. Address ELS BERRY, 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 this body is not embalmed, fact should be so stated above.