

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002214
STATE FILE NUMBER

LED FEB 10 1959

Registration District No. 231 Primary Registration District No. 5812 Registrar's No. 2

300
-57

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prarire		c. CITY OR TOWN Bellflower ⁰⁹⁰⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		d. STREET ADDRESS (If outside, give location) 7 years	
3. NAME OF DECEASED (Type or print) Lenore Ione Sanders		4. DATE OF DEATH Month Jan Day 28 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 23 1900
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Ohio
10a. KIND OF BUSINESS OR INDUSTRY General Duties		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry M. Stolley		13b. MOTHER'S MAIDEN NAME Bertha Croft	
14. NAME OF HUSBAND OR WIFE Claud M. Sanders		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Claud M. Sanders Address Bellflower Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver Primary Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) Jauundice & Anemia 1550			INTERVAL BETWEEN ONSET AND DEATH July 1958 July 1958 July 1958
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) nonc - aged 7-26-58 - Dr. Bradley			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) Pneumonia Hospital - St. Louis Mo	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 COUNTY STATE	
21. I attended the deceased from Oct. 11, 1958 to Jan. 28, 1959 and last saw her alive on Jan. 10, 1959 Death occurred at 1 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. T. Anderson, Dr. (Degree or title)		22b. ADDRESS Montgomery City, Mo	
22c. DATE SIGNED 1/30/59		23. NAME OF CEMETERY OR CREMATORY Bellflower	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE Jan 30 1959	
23c. LOCATION (City, town, or county) Bellflower Mo.		24. FUNERAL DIRECTOR Charles G. Jones ADDRESS Bellflower Mo.	
25. DATE RECD. BY LOCAL REG. Jan 31 - 1959		26. REGISTRAR'S SIGNATURE Mrs. Zoe Chapman	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

