RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029992

STATE FILE NUMBER

FILED VS AUG 24 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 275

DED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 612 W. Henry — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lewis Middle T. Last Sunderland

4. DATE OF DEATH Month Aug. Day 16, Year 1959

5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Unknown
9. AGE (last birthday) 72 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer – (RETT.)
10b. KIND OF BUSINESS OR INDUSTRY Bldg. Construction
11. BIRTHPLACE (City and state or country) Columbus, Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 290-03-5456
17. INFORMANT Maude McFadden — Address Sedalia, 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 lung — INTERVAL BETWEEN ONSET AND DEATH unket.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Aug 12, 1959, to Aug 16, 1959 and last saw ~~her~~ him alive on Aug 16, 1959
Death occurred at 12:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C C Reynolds, M.D.
22b. ADDRESS Sedalia, Mo
22c. DATE SIGNED 8-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 22, 1959
23c. NAME OF CEMETERY OR CREMATORY Crownhill Annex Cem.
23d. LOCATION (City, town, or county) Sedalia (State) Mo.

24. FUNERAL DIRECTOR Luce Alupuck — ADDRESS 400 W Cooper
25. DATE RECD. BY LOCAL REG. 8-22-1959
26. REGISTRAR'S SIGNATURE Frances S Leeby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS NOV 3 0 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sealaho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.