

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019250

FILED VS JUN 2 1960

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 166

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY c. CITY OR TOWN <u>Chicago</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2250 Geneva Tere</u> Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First <u>INFANT</u> Middle Last <u>SANDERS</u> (Type or print)			4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1960</u> Yes <input type="checkbox"/>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 20 1960</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>3</u> Days IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ironton Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>George Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Dorris</u>		14. NAME OF HUSBAND OR WIFE <u>#</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>George Sanders 2250 Geneva Tere Chicago</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary alelectasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour <u>5:05</u> a.m. p.m. Month, Day, Year <u>5-20-60</u>	20d. INJURY OCCURRED WHILE AT WORK <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 <u>5-20-60</u> to <u>5-23-60</u> and last saw her <u>alive</u> on <u>5-22-60</u> Death occurred at <u>5:05</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marvin C. Menne MD</u>			22b. ADDRESS <u>Ironton, Missouri</u>		22c. DATE SIGNED <u>5-26-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>White Funeral Home, Ironton Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-26-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 _____
Signature of Student Embalmer

Signed *Carol J. White*

Licensed Embalmer No. 3012

P. O. Address *Imatore K*

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