JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038235
STATE FILE NUMBER

LED VS NOV 9 1960
NDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton
Length of stay in 1b: 14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Mary's
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Reynolds
c. CITY OR TOWN Lesterville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: LUCINDA Middle: VICTORIA Last: SANDERS

4. DATE OF DEATH Month: October Day: 26 Year: 1960

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/28/1878
9. AGE (last birthday): 82
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Madison county,Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ruben Glaves
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Asberry Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Ferguson Keathley, St.Louis.MO Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bilateral bronchial pneumonia	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Virus infection, bronchial asthma	2 weeks
DUE TO (c)	Coronary occlusion, myocarditis	2 weeks

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 10-12-60, to 10-26-60 and last saw her/him alive on 10-26-60
Death occurred at 2:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. E. Harland M.D. (Degree or title)
22b. ADDRESS Ironton, Missouri
22c. DATE SIGNED 10-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/29/60
23c. NAME OF CEMETERY OR CREMATORY: Mt.Pisgah Cemetery
23d. LOCATION (City, town, or county) (State): Saco, Missouri

24. FUNERAL DIRECTOR: White Funeral Home, Ironton, Mo. ADDRESS
Andy J. White
25. DATE RECD. BY LOCAL REG.: Oct. 29, 1960
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 1 7 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_____
Signature of Student Embalmer

Signed Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Mo.

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.