S. No. 300
V. 10.48

0880
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 14 1953

THE DIVISION OF HEALTH, STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29661

BIRTH NO. _____ REG. DIST. NO. 390 PRIMARY REG. DIST. NO. 4442 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higbee
c. LENGTH OF STAY (In this place): the time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higbee 0880 0
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIE
b. (Middle): MAGGIE
c. (Last): SUNDERLAND

4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 19 - 1892
9. AGE (In years last birthday): 60
If under 1 year: Months 11 Days 17
If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): home work
10b. KIND OF BUSINESS OR INDUSTRY: home work
11. BIRTHPLACE (State or foreign country): missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Jim Tom Lewis
13b. MOTHER'S MAIDEN NAME: Lina Baker
14. NAME OF HUSBAND OR WIFE: willie Sunderland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: willie Sunderland
ADDRESS: Higbee Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 171 X
20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1950, *to* 9-6-, 1953, *that I last saw the deceased alive on* 9-6-, 1953, *and that death occurred at* 2:P m., *from the causes and on the date stated above.*

23a. SIGNATURE: V J Robinson (Degree or title) 2. D.O.
23b. ADDRESS: Higbee Mo
23c. DATE SIGNED: 9-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 8 - 53
24c. NAME OF CEMETERY OR CREMATORY: Higbee Cem
24d. LOCATION (City, town, or county) (State): North Tom

DATE REC'D BY LOCAL REG.: Sep 7-53
REGISTRAR'S SIGNATURE: Joe W Burton
25. FUNERAL DIRECTOR'S SIGNATURE: H S Robinson
ADDRESS: Higbee Mo

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed H S R Sherson

Licensed Embalmer No. 3001

P. O. Address Higbee

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.