

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013528
STATE FILE NUMBER
REGISTRAR'S No. 2603

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) 4231 Agnes		d. STREET ADDRESS (If outside, give location) 4231 Agnes	
Length of stay in 1b 46yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LUCY LEE SANDER			4. DATE OF DEATH Month Day Year April 19, 1959		
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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 Aug. 10, 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Louisville, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alfred J. Cornell	13b. MOTHER'S MAIDEN NAME Julia Watson	14. NAME OF HUSBAND OR WIFE Fred W. Sander
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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 Fred W. Sander	Address 4231 Agnes
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Standstill or Fibrillation Arteriosclerotic + Hypertensive Cardiovascular Disease Coronary Sclerosis and old myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1-2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	4 yrs.
	DUE TO (c) Diabetes mellitus	3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myxedema; Ulcers of feet due to arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. 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
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21. I attended the deceased from 9/8/56 to 4/19/59 and last saw her alive on 4/17/59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary C. Colglazier, M.D.	22b. ADDRESS 3317 E. 43rd St. - K.C., Mo.	22c. DATE SIGNED 4-20-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-21-59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar	ADDRESS 1800 Linwood	25. DATE RECD. BY LOCAL REG. 4-21-59	26. REGISTRAR'S SIGNATURE New Marshall
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MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Mary C. Colglazier, M.D. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Mary Colglan
3317 E. 43rd
Wal-8506
2-5-20

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
Signature of Student Embalmer

Signed *Melvin Barton*

Licensed Embalmer No. *4907*

P. O. Address *K C Mo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.