

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 58.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 535		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. ARLIE FRANKLIN SANDERLIN		2. MALE		3. MAY 18, 1993			
COUNTY OF DEATH 4. MACON		AGE—LAST BIRTHDAY (YRS) 5a. 90		UNDER 1 YEAR 5b. MOS. DAYS		UNDER 1 DAY 5c. HOURS MIN.	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. DECATUR		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. MC KINLEY TERRACE		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. NOVEMBER 13, 1902		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. DECATUR, ILL.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b.		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES	
SOCIAL SECURITY NUMBER 10. [REDACTED]		USUAL OCCUPATION 11a. OWNER		KIND OF BUSINESS OR INDUSTRY 11b. GAS STATION		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER) 13a. 1660 E. GRAND AVENUE		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. DECATUR		INSIDE CITY (YES/NO) 13c. YES		COUNTY 13d. MACON	
STATE 13e. ILLINOIS		ZIP CODE 13f. 62521		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		OF HISPANIC ORIGIN? (SPECIFY YES OR NO—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST 15. JAMES H. SANDERLIN		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. JENNIE STENZEL					
INFORMANT'S NAME (TYPE OR PRINT) 17a. JAMES MONTS		RELATIONSHIP 17b. GRANDSON		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1310 NOLAND COURT MT. ZION, IL. 62549			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) (a) metastatic prostate carcinoma		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						AUTOPSY (YES/NO) 19a. NO 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. MARCH 11, 1993		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 8:15 P. M.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 5/19/93	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						ILLINOIS LICENSE NUMBER 22d. 036-076848	
22a. SIGNATURE [Signature]		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. LARRY HOLDER M.D., 2300 N. EDWARD, DECATUR, IL., 62526				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.							
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY—NAME 24b. FAIRLAWN CEMETERY		LOCATION CITY OR TOWN STATE 24c. DECATUR, ILLINOIS		DATE (MONTH, DAY, YEAR) 24d. MAY 21, 1993	
FUNERAL HOME NAME 25a. GRACELAND/FAIRLAWN CEMETERIES MEMORIAL SERVICES, INC., 2091 N. OAKLAND, DECATUR, ILLINOIS, 62526		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP					
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 11793					
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. May 21, 1993					

STATE OF ILLINOIS)
COUNTY OF MACON)

I, STEPHEN M. BEAN, COUNTY CLERK within and for said County and State aforesaid and keeper of the records hereby certify that this is a true photo copy of the record on file in this office. IN TESTIMONY THEREOF I have hereunto subscribed my name, affixed the OFFICIAL SEAL OF SAID COUNTY, at my office in DECATUR, ILLINOIS this 21st day of MAY, A.D., 1993.

NOT VALID UNLESS SEAL OF COUNTY AFFIXED.

Stephen M. Bean
MACON COUNTY CLERK