DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 58-0

REGISTERED NUMBER 1092

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors', Hospital, or Physicians' Handbook for INSTRUCTIONS

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Lena Mae Sanderlin
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): Oct. 18, 1986
4a. RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
4b. ORIGIN OR DESCENT: N/A
5a. AGE—LAST BIRTHDAY (YRS): 81
5b. UNDER 1 YEAR—MOS.:
5c. UNDER 1 DAY—HOURS / MIN.:
6. DATE OF BIRTH (MO., DAY, YEAR): MAY 25, 1905
7a. COUNTY OF DEATH: MACON
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Decatur
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Americana Healthcare Ctr.
7d. IF HOSP. OR INST. INDICATE DOA (DP/EMER. RM. INPATIENT (SPECIFY): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Illinois
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Arlie Franklin Sanderlin
12. SOCIAL SECURITY NUMBER: [redacted]
13a. USUAL OCCUPATION: homemaker
13b. KIND OF BUSINESS OR INDUSTRY: own home
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO
13d. WAR OR DATES OF SERVICE: — — —
14a. RESIDENCE STREET AND NUMBER: 1660 E Grand
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Decatur
14c. INSIDE CITY (YES/NO): YES
14d. COUNTY: MACON
14e. STATE: Illinois

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): William Roth
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Kathryn Holt

17a. INFORMANT NAME (TYPE OR PRINT): Arlie Sanderlin
17b. RELATIONSHIP: Spouse
17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 1660 E. Grand Decatur IL

CAUSE

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	probable aspiration pneumonitis	days
DUE TO OR AS A CONSEQUENCE OF: (b)	cerebral atrophy + cerebral vascular disease	months to years
DUE TO OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES/NO): NO
19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

CERTIFIER

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): Oct 17, 1986
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO): NO
21c. HOUR OF DEATH: 5:38 A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ Gregory L. Totel M.D.
22b. DATE SIGNED (MO., DAY, YR.): 10/20/86
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Gregory L. Totel, M.D., 201 Physicians Plaza, Decatur, Il. 62526
22d. ILLINOIS LICENSE NUMBER: 036-068474

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Fairlawn Cem.
24c. LOCATION (CITY OR TOWN, STATE): Decatur ILL.
24d. DATE (MONTH, DAY, YEAR): 10-21-86

25a. FUNERAL HOME NAME (STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP): Graceland/Fairlawn 2101 N. Oakland Decatur IL 62526

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Larry L. Kanbourky
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 31-7772

26a. LOCAL REGISTRAR'S SIGNATURE ▶ William M. Tangney
26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): October 20, 1986

VR 200 REV. 5/82 — Illinois Department of Public Health / Office of Vital Records — (BASED ON 1978 U.S. STANDARD CERTIFICATE)

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STATE OF ILLINOIS)
)
COUNTY OF MACON)

I, WILLIAM M. TANGNEY, 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 hand, affixed the OFFICIAL SEAL OF SAID COUNTY, at my office in DECATUR, ILLINOIS, this 20th day of Oct., A.D. 1986.

NOT VALID UNLESS SEAL OF COUNTY AFFIXED.

William M. Tangney
MACON COUNTY CLERK