FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED FEB 12 1940

1863
Do not use this space.

1. PLACE OF DEATH
(a) County Calloway — Registration District No. 104
(b) Township or City Fulton — Primary Registration District No. 3008 — Registered No. 24
(c) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 533 William A Lantz
(a) Residence, No. State Hospital #1 St. Columbia Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie Hayes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18, 1862
7. AGE: YEARS 78 77 — MONTHS 5 7 — DAYS 9 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Eli Lantz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: L. Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Carl Butler, Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Mo DATE: 1/26/1940, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. O. Tillett, Columbia
20. FILED: Jan. 26, 1940 — R. N. Crews, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/25/, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1939, to Jan 26, 1940
I last saw him alive on Jan 26, 1940. Death is said to have occurred on the date stated above, at 10:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of Hands - Secondary infection	
Other contributory causes of importance: General arteriosclerosis	

Name of operation: none — Date of
What test confirmed diagnosis? Phy Ex — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury 12-12, 1939
Where did injury occur? Boone County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Home burned
Nature of injury: Severe burns on head arms & hands

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Forrest Thomas, M. D.
(Address) State Hospital No 1

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lyman A. Shinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.