

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24675  
Registrar's No. 800

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:  
(a) County **BUCHANAN**  
(b) City or town **ST. JOSEPH**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 yr. 11 ds.**  
(Specify whether  
In this community **x**  
years, months or days)

3. (a) PRINT FULL NAME **Lewis Lazell. 240**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **None**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Polly** 6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **DEC. 11 1873**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **7** Days **13**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Com. laborer**

11. Industry or business \_\_\_\_\_

12. Name **Porter Lazell**

13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Dickler**

15. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mildred Lazell**

(b) Address **3810, Garfield, N.C. Mo**

17. (c) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 26 1940**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Odd 7 years on**

18. (a) Signature of funeral director **Clara Mortuary**

(b) Address **5025 King Hill Ave**

19. (a) **July 26 1940** (b) **A. F. Neelkubak**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Everest Kansas City**  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **3810 Garfield**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**  
year **1940** hour \_\_\_\_\_ minute **39 P.M.**

21. I hereby certify that I attended the deceased from **July 14/39**  
\_\_\_\_\_ 19 **July 24** 19 **40**  
that I last saw him **alive** on **July 24** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis - ?**  
**terminal broncho pneumonia 10 ds.**  
Due to **Arteriosclerosis** **2**

Due to **24**

Other conditions **syphilitic-meningeal - ?**  
(Include pregnancy within 3 months of death) **encephalitis**

Major findings: **none**

Of autopsy **Cardiac hypertrophy - partial**  
**coronary occlusion - benign high. col.**

22. If death was due to external causes, fill in the following:

(a) Accidental, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **85**

While at work? **✓** (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature **A. F. Neelkubak** (M. D. \_\_\_\_\_)

Address **St. Joseph** Date signed **7/25/40**

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

X23159

**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 July 1912

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

working under my personal supervision.

Signed.....

E. A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.**