FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23753

Primary Registration District No. 5860

Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Koshkonong (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Oregon
(c) City or town: Koshkonong (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: William Everett Lancaster
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Kellie Stephens
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: March (Month) 26 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	2	19	____ hr. ____ min.

9. Birthplace: Howell County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____

FATHER
12. Name: J. K. Lancaster
13. Birthplace: Nashville (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Martha Shaver
15. Birthplace: Howell County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Kellie Lancaster
(b) Address: Koshkonong, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverside Cem.
18. (a) Signature of funeral director: Leland Carter
(b) Address: Thayer, Mo.
19. (a) 7-26-48 (Date received local registrar) (b) Edith Grass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1948 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 14 1948 to June 14 1948 that I last saw him alive on June 14 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation
Due to: Hypertensive Heart Disease
Due to: ____
Other conditions: Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Lukas A. Taylor (M. D. or other)
Address: Mammoth Spring Date signed: 7-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-27-48
District Health Officer No. 5,
District File Number 74848
Date Filed 7-27-48

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.