

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15175**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **56** PRIMARY REG.-DIST. NO. **5197** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural, Sugartree Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Norborne Mo. Rural Route 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>			
3. NAME OF DECEASED a. (First) <b>Augusta</b>		b. (Middle) <b>Larine</b>	
c. (Last) <b>Lance</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 27 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 14</b>
9. AGE (In years last birthday) <b>56</b>		10. UNDER 1 YEAR (Months) (Days) <b>4 11</b>	11. UNDER 2 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work Home.</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Carroll County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles Hatcher</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Settles</b>	
14. NAME OF HUSBAND OR WIFE <b>Osa Lance</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>O C Lance</b>		ADDRESS <b>Norborne Mo RR3</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>multiple myeloma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) INFORMATION REQUESTED		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>4-1-</b> , 19 <b>49</b> , to <b>5-27</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>5-27-</b> , 19 <b>49</b> , and that death occurred at <b>2-3 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. C. Cole</b>		23b. ADDRESS <b>Norborne Mo</b>	
(Degree or title) <b>M.D.</b>		23c. DATE SIGNED <b>5-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem,</b>		24d. LOCATION (City, town, or county) (State) <b>Carrollton Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 29 1949</b>		REGISTRAR'S SIGNATURE <b>Eileen Pennington</b>	
46		25. FUNERAL DIRECTOR'S SIGNATURE <b>John G. Hite</b>	
		ADDRESS <b>Norborne Mo</b>	

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-8-49

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 me

and John Deitch Jr

Student Embalmer No. 322

working under my personal supervision.

Student John Deitch Jr

Student Embalmer

Signed John G Deitch Sr.

Licensed Embalmer No. 3654

P. O. Address Norborne Mo

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

If this body is not embalmed, fact should be so stated above.