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

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4236 State File No. 41611

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5-6-1 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Dent-Lewis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lagrange
c. LENGTH OF STAY (in this place) 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Highland
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) MAY c. (Last) VINCENT

4. DATE OF DEATH (Month) Dec (Day) 13 (Year) 1949

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow **8. DATE OF BIRTH** Dec 19 9-1-86 **9. AGE** (In years last birthday) 89 IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Marion Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charley Lake
13b. MOTHER'S MAIDEN NAME Hanna Cave
14. NAME OF HUSBAND OR WIFE Joh Lakman Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Lydia Decker ADDRESS Lagrange Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILE DEMENTIA — INTERVAL BETWEEN ONSET AND DEATH

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. ARTERIO SCLEROSIS

4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC 9, 1949, *to* DEC 13, 1949, *that I last saw the deceased alive on* DEC 11, 1949, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Zellers (Degree or title) MD
23b. ADDRESS Lagrange Mo
23c. DATE SIGNED 12/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 15-49
24c. NAME OF CEMETERY OR CREMATORY Durham
24d. LOCATION (City, town, or county) (State) Durham Mo

DATE REC'D BY LOCAL REG. 12-17-49
REGISTRAR'S SIGNATURE P. H. Jennings M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ball **ADDRESS** Ewing

(Licensed Embalmer—Statement on Reverse Side)

RECEIVED DEC 1 9 1949

District Health Officer No.

District File Number 12-49-2

Date Filed DEC 1 9

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.